MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11732

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto

City or town Garney

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: 9212 Harford Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 36 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Garney Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 9212 Harford Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Norris Barber

3. (b) Social Security Number 213-10-2862

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Maggie B. Barber

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Aug. 28th 1873

8. AGE:

Years	Months	Days	If less than one day
66	3	27	hrs. min.

9. Birthplace Balto City Md.

(Town, county, and state)

10. Usual occupation Street car motorman

11. Industry or business B. T. Co

FATHER 12. Name Daniel M. Barber

FATHER 13. Birthplace Balto. Co. Md.

MOTHER 14. Maiden name Margaret A. Bergan

MOTHER 15. Birthplace Balto. Co. Md.

16. Informant Maggie Barber

Address 9212 Harford Rd.

17. Buried Date thereof Dec. 27 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Parkwood

Location Balto City Md.

18. Funeral director F. Lauraline & Son

Address 7401 Belair Rd

19. 12/25 1939 G. McBacon

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1939, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Dec 24 1939, and that I last saw him alive on Dec 23 1939.

Immediate cause of death	Coronary Thrombosis	DURATION
Due to	—	
Due to	—	
Other conditions	—	

(Include pregnancy within 3 months of death)

Major findings:

01 operations —

01 autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kyle W. Talley M. D. or other

Address 5703 Harford Rd Date signed 12/24/39

RECEIVED
DEC 29 1939
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11733

Reg. Dist. No. 38

1. PLACE OF DEATH: County Balto

City or town Towson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore City

City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 253 S. Hilton Street, Baltimore (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H Bell

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1907

8. AGE: Years 33 | Months 3 | Days 27 | If less than one day hrs. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation auto dealer

11. Industry or business

FATHER 12. Name Guy Bell

13. Birthplace Maryland

MOTHER 14. Maiden name Bertha Brunner

15. Birthplace Maryland

16. Informant Mrs. Bertha B. Bell, (Mother)

Address 253 S. Hilton St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/23/39 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore, Md.

18. Funeral director Harry H. Witzke

Address 4101 Edmondson Ave

19. Dec. 21 1939 (Date rec'd by registrar) W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1939, at 1:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Fracture of Skull caused by Auto accident

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Date of 12-21-39

Where did injury occur? Towson (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?) on York Road

Means of injury Auto accident Injured at work? no

23. SIGNATURE W. P. O'Mara Dept Med Ex M. D. or other

Address Towson Md Date signed 12-21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-E)

CERTIFICATE OF DEATH

11734

Reg. Dist. No. 23

1. PLACE OF DEATH:
County: Balto
City or town: Glyndon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: 119 Central Ave
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Glyndon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 119 Central Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ida Virginia Bellows

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Geo R. Bellows
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 25 1860

8. AGE:

Years	Months	Days	If less than one day
79		1	hrs. min.

9. Birthplace: Kent Co.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: H. M. Parks
13. Birthplace: Md.
MOTHER 14. Maiden name: Margaret A Barnett
15. Birthplace: Delaware
16. Informant: Geo. Kent Bellows
Address: Glyndon Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28 1939 (month) (day) (year)
Cemetery or crematory: Druid Ridge
Location: Balto Co.
18. Funeral director: J. F. Eline & Sons
Address: Reisterstown Md.
19. Dec 28 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12 / 26 / 1939 at 7:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/1935 to 12/26/1939, and that I last saw her alive on 12/26/1939.

Immediate cause of death	DURATION
Uremic coma	2 days
Due to hypertension	10 yrs
Due to arteriosclerosis	10 yrs
Other conditions myocarditis (chronic)	1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James L Hall M. D. or other
Address: Reisterstown, Md. Date signed: 12/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-6)

CERTIFICATE OF DEATH

11735

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Balto.
City or town Randalstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Augsburg Home Campfield Rd
Stay in hospital or inst. (yrs., or mos., or days) 6 yrs 2 mos.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 530 S. Longwood St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Adolph Beyer
3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1864

8. AGE: Years	Months	Days	If less than one day
75	-	22	hrs. min.

9. Birthplace Germany ? (Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Fredrick Beyer
13. Birthplace Germany
MOTHER 14. Maiden name Eva Hintz
15. Birthplace Germany
16. Informant Mr. Theo. Rattenkamp
Address Campfield Rd.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 7, 39 (Month) (day) (year)
Cemetery or crematory Prospect Hill
Location Wash. D.C.
18. Funeral director J. Heumann & Son
Address 32 S. Broadway
19. Dec. 5th 1939 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3rd. 1939, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1st. 1939 to Dec. 3rd. 1939, and that I last saw him alive on Nov. 30th 1939.

Immediate cause of death	DURATION
1) - Cerebral Hemorrhage	- 3 days.
2) - Bronchio - Pneumonia	2 days.
Due to	
Due to Generalized Sclerosis	?
Other conditions - None.	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations - None.
Dt autopsy - None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Earl L. Chambers M. D. or other
Address 4108 Liberty Hts Ave. Date signed 12/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11736

1. PLACE OF DEATH

County Baltimore (45-C) Registration Dist. No. 38

Village or City Anneslie No. 513 Murdock Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George R. Black If U. S. Veteran, specify WAR

(a) Residence No. 513 Murdock Road St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. Black

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1874

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	65	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Policeman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) Phila.,
(State or country) Pa.

FATHER

13. NAME Samuel J. Black

14. BIRTHPLACE (city or town)
(State or country) Pa.

MOTHER

15. MAIDEN NAME Adeline Rhodes

16. BIRTHPLACE (city or town)
(State or country) Pa.

17. INFORMANT Margaret Retaliata,
(Address) Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Dec. 16, 1939

19. UNDERTAKER F. Lasschuhr
(Address) 7401 Belair Road

20. FILED Dec 15, 1939 G. M. Bacon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 13th, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1939, to Dec 13, 1939.

I last saw him alive on Dec 13, 1939; death is said to have occurred on the date stated above, at 3:30A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of hard palate + naso pharynx	1935
Primary carcinoma of hard palate	

Other Contributory Causes of importance: Duration: six years.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify no

(Signed) S. H. Streett M. D.

(Address) 421 E Fort Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11737

(82-a) BC

1. PLACE OF DEATH

County Balto Registration Dist. No. 30

Village or City Fredk & Dryman Ave No. Beechwood Nursery Home Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME James W. Blockston BLOCKSTON If U. S. Veteran, specify WAR ____

(a) Residence: No. Curtis Bay Md. (Usual place of abode) Ward ____ If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L B Cockston

6. DATE OF BIRTH (month, day, and year): Aug 27, 1862

7. AGE: Years 77 | Months 2 | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Caroline Co Md

FATHER

13. NAME: Dont know

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Wesley T. Blockston 1317 Cambray St (Cambria)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Dec 29, 1939

19. UNDERTAKER (Address): A. Howard Evans 1600-02 S Charles St

20. FILED: 12/28, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec, (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from November, 15 1939, to Dec, 27, 1939

I last saw him alive on Dec, 26, 1939; death is said to have occurred on the date stated above, at 7:00P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	6 mo

Other Contributory Causes of importance:

Senility.

Arterial Hypertension.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 0 Date of Injury ____, 19__

Where did Injury occur? 0 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 0

(Signed) S. Lloyd Johnson M. D.

(Address) Catonsville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 2 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-2)

CERTIFICATE OF DEATH

11738

Reg. Dist. No. 30

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 mos. 20 days

Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Pasadena P.O., Bodkin Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Brauer

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: [redacted] Annie Gerbin

6(c) If alive, give age [redacted] 67 years

7. Birth date of deceased (mo., day, yr.): June 23, 1867

8. AGE:

Years	Months	Days	If less than one day
72	5	25	____ hrs. ____ min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Fireman

11. Industry or business: Stationary Boiler

FATHER
12. Name: Not given Hamburg.
13. Birthplace: Germany

MOTHER
14. Maiden name: Not given
15. Birthplace: Germany

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/20/39 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Annapolis Rd. A.A. Co

18. Funeral director: Thos. J. Kemp

Address: Rollins & Gilmore Sts

19. 12/19/39 (Date rec'd by registrar) H.L. Anderson Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18, 1939, at 12:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28, 1939, to December 18, 1939, and that I last saw him alive on December 17, 1939.

Immediate cause of death	DURATION
Broncho-pneumonia	3 days
Due to: Chronic myocarditis	indefinit
Due to: General arteriosclerosis indefinite	
Other conditions: Senile psychosis	4 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert E. Gardner, M.D.
Robert E. Gardner, M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed: 12/18/39

RECEIVED
DEC 21 1939
BUREAU F. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11739

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 200 Bloomsbury Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 200 Bloomsbury Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret M. Brosenne

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Christian P Brosenne

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1861

8. AGE: Years 78 Months 10 Days 29 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James Bach

13. Birthplace Germany

MOTHER 14. Maiden name Margaret Renehan

15. Birthplace Ireland

16. Informant Miss Rosa Brosenne

Address 200 Bloomsbury Ave Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 7, 1939 (month) (day) (year)

Cemetery or crematory Cathedral

Location

18. Funeral director Easton Sons

Address Ellicott City Md.

19. 12-6 1939 (Date rec'd by registrar) [signature] Registrar Deputy Trial

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1939, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 to Dec. 4 1939, and that I last saw her alive on Dec. 4 1939

Immediate cause of death Cerebral Hemorrhage — DURATION 2 days

Due to Cardio-Vascular Renal Disease — 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C Urban M.D. M. D. or other

Address 803 Fred Rd Catonsville, Md Date signed 12.4.39

BUREAU V. S.
DEC 12 1939
CENSUS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-a)

CERTIFICATE OF DEATH

11740

Reg. Dist. No. 21

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

County Baltimore

City or town Roslyn (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Old Court Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)

State Maryland County Baltimore

City or town Roslyn Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Old Court Rd (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dora Estelle Bunce

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Widow

6 (b) Name of husband or wife John S. Bunce

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1870

8. AGE:

Years	Months	Days	If less than one day
69	1	24	____ hrs. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Allan M. Price

13. Birthplace Wales

MOTHER 14. Maiden name Ann M. Burrage

15. Birthplace Virginia

16. Informant Miss Gladys Bunce

Address Roslyn, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 27, 1939 (month) (day) (year)

Cemetery or crematory Oaklawn

Location Baltimore County, Md.

18. Funeral director E. Leroy Stuffler, Inc.

Address 125 E. North Ave., Baltimore

19. Dec 26 1939 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1939, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1939, to Dec 24 1939, and that I last saw h[illegible] alive on Dec 24 1939

Immediate cause of death	DURATION
Chronic Valvular Heart Disease	10
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other

Address Pendelton Date signed 12/24/39

RECEIVED
JAN 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124-B)

11741

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH.

County Baltimore

City or town Oella

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pleasant Hill

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Oella Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Thomas Henry Burke

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife Olovernia Robert Burke

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Dec. 9 1870

8. AGE: Years 69 Months # Days 7 If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)

10. Usual occupation Weaver

11. Industry or business W. J. Dickey & Son Inc. Woolen Mills

FATHER

12. Name Isaac Burke

13. Birthplace Maryland.

MOTHER

14. Maiden name Lavenia Jones

15. Birthplace Maryland.

16. Informant Mrs. T. H. Burke

Address Oella Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1939 (month) (day) (year)

Cemetery or crematory Mt Olive Cem.

Location Balto County.

18. Funeral director Easton Sons

Address Ellicott City

19. 12-18 1939 (Date rec'd by registrar) [signature] Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1939, at 10.10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to Dec 16 1939, and that I last saw h— alive on Dec 16 1939.

Immediate cause of death Abdominal Ascites due to Liver Cirrhosis of Liver Chronic Nephritis

Due to + Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank O Miller M D M. D. or other

Address Ellicott City Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (746)

11796

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:

County Balto

City or town Towson Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 612 York Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 59 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Towson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 612 York Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martin Francis Burns

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mamie F. Sparks

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.): Mar. 1, 1880

8. AGE: Years 59 | Months 9 | Days 24 | If less than one day ___ hrs. ___ min.

9. Birthplace: Towson, Balto. Co., Md. (Town, county, and state)

10. Usual occupation: Funeral Director

11. Industry or business: Self

FATHER

12. Name: John Burns

13. Birthplace: Balto. Co., Md.

MOTHER

14. Maiden name: Temperance R. Coale

15. Birthplace: Balto. Co., Md.

16. Informant: Martin E. Burns

Address: 612 York Rd., Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28, 1939 (month) (day) (year)

Cemetery or crematory: Prospect Hill Cem.

Location: Towson, Maryland

18. Funeral director: Dietrich Bros.

Address: 2224 N. Charles St.

19. 12/26 (Date rec'd by registrar) 1939 W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25th 1939, at 5 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death: Coronary thrombosis

Due to: and suddenly in bed

Due to: boom a Dr reached hdn

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. E. Myer Dpt M Ex M. D. or other

Address Pikesville Md Date signed 12-25-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 2 1940
BUREAU V. S.

11742

STATE OF MARYLAND—CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson No. 606 Central Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Horton Burton If U. S. Veteran, specify WAR

(a) Residence: No. 606 Central Ave St., Ward. (Usual place of abode) Towson Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H Burton (Deceased)

6. DATE OF BIRTH (month, day, and year) June 30, 1854

7. AGE Years 85 Months 5 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danburry Conn

FATHER

13. NAME William Horton

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Mrs Alfred M. Whittle 606 Central Ave Towson Md

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Memorial Park Date 12/9, 1939

19. UNDERTAKER (Address) William Cook 1217 St Paul St.

20. FILED 12/8, 1939 W. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from known since, 19 , to Dec. 7, 1939.

I last saw her alive on Dec. 7, 1939; death is said to have occurred on the date stated above, at 5 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/7/39.
Due To: Arteriosclerosis	unk.
and Hypertension	unk.

Other Contributory Causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bollin C. Hudson. M. D.

(Address) Dr W. P. E. Wyse Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11743

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 10 mths. 11 dys.

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Lanham Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: none

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Chastine Butler

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: ~~Rosetta~~ Butler

6(c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): May 23, 1854

8. AGE: Years	Months	Days	If less than one day
85	7	5	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: boiler maker

11. Industry or business: factory

FATHER — 12. Name: James C. Butler

FATHER — 13. Birthplace: unknown

MOTHER — 14. Maiden name: Lucy Rundquist

MOTHER — 15. Birthplace: unknown

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-1-40 (month) (day) (year)

Cemetery or crematory: Fair View Cemetery

Location: Roanoke, Va.

18. Funeral director: Martin W. E. Peppel

Address: Aym + Lombard Sts. Balto, Md.

19. 1/2/39 (Date rec'd by registrar) 1939 Registrar: [signature] Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28 1939, at 8:30 p.m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 17 1938, to Dec. 28 1939, and that I last saw him alive on Dec. 28 1939.

Immediate cause of death	DURATION
Bronchopneumonia, bilateral	14 day
xxxx Abscess of the gall bladder	bef. 1939
Parenchymatous nephritis	" "
Due to	
Other conditions: Senile psychosis	bef. 1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: as given above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: Spring Grove St. Hosp. Date signed: 12/39/39

RECEIVED
JAN 2 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11744

95E

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Anneslie No. 6503 York Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clara J. Byers If U. S. Veteran, specify WAR ____

(a) Residence: No. 6503 York Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late David C. Byers

6. DATE OF BIRTH (month, day, and year): July 18, 1851

7. AGE: Years 88 | Months 4 | Days 21 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Peter Middlekauff

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Susan Schindle

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Frank R. Byers (Address) 6503 York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Sorrayne Pk. Date: 12/12/39

19. UNDERTAKER: Harry H. Witzke (Address) 4101 Edmondson Av

20. FILED: 12/11, 19__ Eg. Carroll Van Horn, Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to Dec/9, 1939

I last saw her alive on 12/9, 1939; death is said to have occurred on the date stated above, at 1 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic	
cardio-vascular	
disease	Nov. 1939

Other Contributary Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) C. H. Reese M. D.

(Address) 6701 York Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED DEC 12 1933 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11745

(137)

1. PLACE OF DEATH

County Balto Registration Dist. No. 30

Village or City Catonsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua K. Carroll If U. S. Veteran, specify WAR

(a) Residence: No. 305 Hilton Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Carroll

6. DATE OF BIRTH (month, day, and year) Feb 12 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stonecutter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Robert Carroll

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Mary Cockey

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Margaret Carroll (Address) 305 Hilton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Jan 2 19 40

19. UNDERTAKER Leonard J Ruck (Address) 5305 Harford Rd

20. FILED 1/30 19 40 H C Studeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1939, to Dec. 27, 1939

I last saw him alive on Dec 28, 1939; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia	12/1/39
Hypertrophied Prostate	9/1/39
Other Contributory Causes of importance:	
Arteriosclerosis	1920

Name of operation Supra-pubic Prostatectomy Date of Nov. 39

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wilmer K. Gallagher M. D.

(Address) Catonsville, Md.

If wrote burial permit, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6209 Frederick Rd.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11746

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Hallihofne No. Ridge Ave - St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20+ yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ella Shimer Carson

(a) Residence: No. Ridge Ave - Hallihofne St., Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alter S. Carson

6. DATE OF BIRTH (month, day, and year) March 7 1860 ~~Dec. 19 39~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bedford - (State or country) Pa.

FATHER

13. NAME Unknown Shimer

14. BIRTHPLACE (city or town) " (State or country) Unknown -

MOTHER

15. MAIDEN NAME Christina ?

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Daisy M. Beitler (Address) Relay - Md.

18. BURIAL, ~~[illegible]~~ Place Loudon Park Date 12/22/39, 19

19. UNDERTAKER Wm. J. Tickner & Sons. (Address) North & Pennsylvania Avenues

20. FILED Dec 21, 1939 G. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February, 1939, to Dec 19, 1939

I last saw her alive on Dec 18, 1939; death is said to have occurred on the date stated above, at 9:35 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	1938

Other Contributory Causes of importance:

Chr. Myocarditis	1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? No Date of Injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) James Howell M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11747

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (108)

County Balto Registration Dist. No. 31

Village or City Hebville No. Rolling Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Clay If U. S. Veteran, specify WAR

(a) Residence: No. Hebville Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Clay.

6. DATE OF BIRTH (month, day, and year) July 6th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME John Clay.

14. BIRTHPLACE (city or town) Germany. (State or country)

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Bertha Clay (Address) Hebville Md

18. BURIAL, CREMATION, OR REMOVAL Place Oliver Randalstown Date Dec 28 1939

19. UNDERTAKER Wm. Chas. A. G. Rohde (Address) 2327 Edmondson Ave

20. FILED Dec 27, 1939 J. J. Milton Pile Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 26th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1939, to Dec 26, 1939

I last saw him alive on Dec 25, 1939; death is said to have occurred on the date stated above, at 4:30A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 21 1939
Other Contributory Cause of importance: Chronic Myocardial Degen, Senility	5 yrs

Name of operation None Date of

What test confirmed diagnosis? Phy findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joshua H. Armacost M. D.

(Address) Woodlawn, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11748

1. PLACE OF DEATH (46C)

County BALTIMORE Registration Dist. No. 42

Village or City ARBUTUS No. 4201 MARYLAND PLACE St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ROBERT A. CLAYTON

(a) Residence: No. 4201 MARYLAND PLACE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ MAGDELINE CLAYTON

6. DATE OF BIRTH (month, day, and year) Oct. 14, 1869

7. AGE Years 67 Months 2 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RETIRED MARINE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U.S. MARINE CORPS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BOSTON (State or country) MASS

FATHER

13. NAME JOHN CLAYTON

14. BIRTHPLACE (city or town) BOSTON (State or country) MASS

MOTHER

15. MAIDEN NAME MARY —

16. BIRTHPLACE (city or town) BOSTON (State or country) MASS

17. INFORMANT MAGDELINE CLAYTON (Address) 4201 MARYLAND PLACE

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Dec 20, 1939

19. UNDERTAKER Joseph Kasinskas Inc. (Address) 602 Wash Blvd

20. FILED Dec 19, 1939 G. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH DECEMBER (Month) 17 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from FEB 21, 1939, to DEC 17, 1939

I last saw him alive on DEC 16, 1939; death is said to have occurred on the date stated above, at 7:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
CARCINOMA OF COLON	1939

Other Contributory Causes of importance:

Name of operation NONE Date of

What test confirmed diagnosis? EXAM Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: NO

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Edward F. Mean M. D.

(Address) 682 WASHINGTON BLVD BALTIMORE MARYLAND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

11749

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 608 Aldershot Rd
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 608 Aldershot Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World

3. (a) FULL NAME — Thomas M. Concannon —

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec 29. 1888

8. AGE: Years	Months	Days	If less than one day
50	11	16	✓ hrs. ✓ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business Building
FATHER 12. Name Bernard T. Concannon
13. Birthplace Baltimore, Md.
MOTHER 14. Maiden name Mary A. Carr
15. Birthplace Baltimore, Md.
16. Informant Miss Agnes Carr
Address 2125 W. Saratoga Street
17. burial Date thereof 12/18/1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Road
18. Funeral director John J Cowan & Son
Address 901 Hollins Street
19. 12/17 1939 H. L. Andrews
(Date rec'd by registrar) Registrar
Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15th 1939, at 3:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1. 1939, to Dec 15. 1939, and that I last saw him alive on Dec 15, 1939.

Immediate cause of death — DURATION
Acute Myocarditis. — 6 mo.
Due to Infected Tonsils and Bad Teeth. (Pyorrhea)
Due to —
Other conditions none.
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

~~22. VIOLENCE: If death was due to external causes, fill in the following;~~
~~Accident, suicide, or homicide Date of~~
~~Where did injury occur? (City or town) (County) (State)~~
~~Injured at home, farm, industry, public place (where?)~~
~~Means of injury Injured at work?~~

23. SIGNATURE J. Chas. Norton, M.D.
M. D. or other
Address 888 Lombard St. Date signed 12/16/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (M)

RECEIVED
DEC 21 1939
BUREAU V. S.

County

BALTIMORE ~~CITY~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-6

Registered No. 32 11750

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legally.

1. PLACE OF DEATH

(a) Baltimore ~~City~~ County Maryland

(b) Street address 1 Woodholme Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(d) Street No. Woodholme Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DR. SYDNEY M. CONE.

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie S. Cone

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1869

8. AGE: Years	Months	Days	If less than one day
70	1	3	hr. min.

9. Birthplace Jonesboro, Tenn. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER

12. Name Herman Cone,

13. Birthplace Germany.

MOTHER

14. Maiden Name Helen Guggenheimer,

15. Birthplace Germany.

16 (a) Informant Mrs. Bessie S. Cone,

(b) Address Woodholme Ave. Pikesville Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12. 21. 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director David Sonneborn & Son.

(b) Address 1902 Eutaw Place

19 (a) 12/20/39 (Date rec'd by registrar) (b) W. E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19th. 1939, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7. 1937, to Dec 19. 1939, and that I last saw him alive on Dec 14. 1939.

Immediate cause of death	Duration
(a) Bronchopneumonia	2 days
Due to (b) Arteriosclerotic Heart Disease	
Due to (c) symptoms	2 years
Other Conditions General arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis P. Hamburger M. D.

Address 1207 Eutaw Place. Date signed

VS 3

RECEIVED
DEC 28 1939
U.S.D.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11751

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Phoenix
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Sweet Air - Phoenix P.O.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John William Cook

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1875

8. AGE: Years: 64 Months: 10 Days: 16 If less than one day: hrs. min.

9. Birthplace: Balto. Co. - Sweet Air
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Cook
13. Birthplace: Germany

MOTHER
14. Maiden name: Elizabeth Gantree
15. Birthplace: Balto., Md.

16. Informant: George F. Cook
Address: Phoenix Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 23, 1939 (month) (day) (year)

Cemetery or crematory: St. Johns

Location: Sweet Air Balto. Co. Md.

18. Funeral director: Louis M. Brooks

Address: Sparks, Md.

19. Dec. 22 1939
(Date rec'd by registrar)
Anna Price
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 20 1939, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1939 to Dec 20 1939, and that I last saw him alive on Dec 20 1939.

Immediate cause of death	DURATION
Bronchs-Pneumonia	6 days
Due to Chronic myocarditis	3 yrs
Due to Arteriosclerosis	4 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Walter M. Hammett
M. D. or other

Address: Baltimore Date signed: 12/21/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11752

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Near Trenton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 - 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Near Trenton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Mary Davidson

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Robert L Davidson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 8 - 1870

8. AGE:

Years	Months	Days	If less than one day
69	1	23	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business own home

FATHER 12. Name Scott W McAlister

13. Birthplace Maryland

MOTHER 14. Maiden name Anna M Bohn

15. Birthplace Maryland

16. Informant Miss Arietta Copiell

Address Upperco Md

17. Burial Date thereof Jan 3/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Grace Methodist

Location Near Hampstead, Md

18. Funeral director Edw. C. Tipton

Address Hampstead Md

19 Jan 2 1940 C.E. Forsyth M.D.

(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 st 1939 at H. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 26th 1939, to Dec 31 st 1939, and that I last saw her alive on Dec 30th 1939.

Immediate cause of death	DURATION
Right Lobar Pneumonia	6 days
Due to	
Due to	
Other conditions Arthritis	7 years
Myocarditis	two years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE D. M. Resh M. D.

M. D. or other

Address Hampstead Md Date signed 12/31/39

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11753

Reg. Dist. No. 42

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Baltimore,
City or town Ridgewood,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 4419 Hillside Ave!
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Baltimore;
City or town Ridgewood; Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4419 Hillside Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None!

3. (a) FULL NAME Mary Irene Davis.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female.	White	Married.

6 (b) Name of husband or wife Wilford M. Davis.
B(c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) July - 25th: 1896.

8. AGE: Years	Months	Days	If less than one day
43	4	21	hrs. ✓ min.

9. Birthplace Baltimore, - Maryland. (Town, county, and state)
10. Usual occupation Housewife, At home.
11. Industry or business
FATHER 12. Name William Felix,
13. Birthplace Baltimore - Maryland.
MOTHER 14. Maiden name Fannie James.
15. Birthplace Richmond - Va.
16. Informant Wilford M. Davis.
Address 4419 Hillside Ave;
17. Burial. (Burial, cremation, or removal. Which?) Date thereof 12/19/1939. (month) (day) (year)
Cemetery or crematory Loudon Park,
Location Baltimore - Maryland.
18. Funeral director Charles J. Schwab.
Address 505 N. Monroe St - Balto. Md.
19 Dec 18 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December, - 16th: 1939, at 6 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1939, to Dec. 16 1939, and that I last saw h- alive on Dec 16 1939.

	DURATION
Immediate cause of death Carcinoma of left breast	6 mos
Due to	ago
Due to	
Other conditions Acute congestive failure of heart (Include pregnancy within 3 months of death)	3 days ago

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Benjamin Miller MD M. D. or other
Address 2030 Wilkens ave Date signed

11754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 16 Fusting Ave

Stay in hospital or inst. (yrs., or mos., or days): Home 3 weeks 2 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Linthicum Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Cleveland Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: J Julius Demme

3. (b) Social Security Number:

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Mary C. Demme

6(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): Nov 1st 1858

8. AGE: Years: 81 Months: 1 Days: 28 If less than one day: hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Retired Carpenter

11. Industry or business:

FATHER
12. Name: Christal Demme
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Mrs Henry F. Dahlmer

Address: Cleveland Rd. Linthicum Hgts

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: 1/1/1940 (month) (day) (year)

Cemetery or crematory: London Park Cem

Location: 3801 Frederick Ave

18. Funeral director: John J Cowan & Son

Address: 901 Hollins Street

19. 1/31 1939 (Date rec'd by registrar) A C Leader Registrar
Deputy Lorne

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29th 1939, at 9.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1939, to Dec. 29 1939, and that I last saw him alive on Dec. 29 1939.

Immediate cause of death	DURATION
Cerebral Haemorrhage	July 10 1939
Due to Arteriosclerosis	1927
Due to Hypertension	1930
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

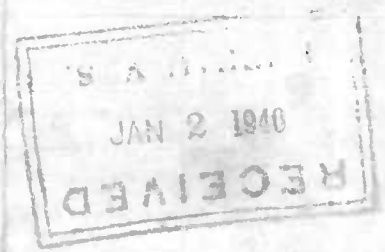
23. SIGNATURE: Chas. L. Ball Jr. M D
M. D. or other

Address: Linthicum Md Date signed: Dec 30-'39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


JAN 2 1940
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

214 mo

11755

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Fort Howard
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Rosedale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Frank Dengis

3. (b) Social Security Number 212-03-9942

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Eva M. Dengis
6(c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) Aug. 18 - 1902
8. AGE: Years 37 Months 3 Days 29 If less than one day ___ hrs. ___ min.
9. Birthplace Swansea, South Wales (Town, county, and state)
10. Usual occupation Tool Maker.
11. Industry or business Glenn Martin
FATHER 12. Name Lambert Dengis
13. Birthplace Belgium
MOTHER 14. Maiden name Ada Hignell
15. Birthplace Bristol, England.
16. Informant Eva M. Dengis
Address 1209 62 St. Balto Co.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-20-39 (month) (day) (year)
Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave Rd.
18. Funeral director John A. Moran
Address
19. 12-17- 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1939, at 10:30 am.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~
~~and that I last saw h alive on~~ 19
Immediate cause of death Accident fractured skull and broken neck
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 12-17-39
Where did injury occur? Fort Howard (City or town) Balto (County) Md (State)
Injured ~~at home, farm, industry, public place (where?)~~ On Todd's Farm
Means of injury Plane crashing Injured at work? no

23. SIGNATURE W P O Wyse Dept PM Ex M. D. or other
Address Pikesville Md Date signed 12-17-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11756

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 mos. 19 days

Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1912 West North Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John A. Dewald

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margaret E. Livingston

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 3, 1869

8. AGE: Years	Months	Days	If less than one day
70	10	28	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Hardware store

FATHER — 12. Name: George Dewald

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Minnie Millbroon

MOTHER — 15. Birthplace: Germany

18. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/4/39 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location:

18. Funeral director: Wm. J. Tickner & Sons

Address: North & R. Aves

19. 12/1/39 (Date rec'd by registrar) 19 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1, 1939, at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 12, 1939, to December 1, 1939, and that I last saw him alive on December 1, 1939.

Immediate cause of death	DURATION
Pneumonia, lobar bilateral	3 days
Due to General ascites	14 days
Due to Generalized arteriosclerosis	before 1939
Other conditions: Cerebral arteriosclerosis	before 1932

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: As given above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp, M.D. M. D. or other

Address: Spring Grove State Hosp. Date signed: 12/1/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 12 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a) Reg. Dist. No. 43

CERTIFICATE OF DEATH

11757

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Joppa Rd

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto. Co. Md.

(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)

(d) Street No. Joppa Rd. Fullerton (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Albert John Dietz

3 (b) If veteran, name war ____

3 (c) Social Security No. 212-09-2672

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Marie A. Dietz

6. (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Nov. 23rd 1909

8. AGE: Years 30 Months 1 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Horse building

FATHER
12. Name Christian Dietz
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Kate Hauf
15. Birthplace Balto. Co. Md.

16 (a) Informant Marie Dietz
(b) Address Joppa Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 1939 (month) (day) (year)
(c) Cemetery or crematory St. Michaels
Location Balto. Co. Md.

18 (a) Funeral director F. Lassahn & Son
(b) Address 7401 Belair Rd.

19 (a) 12/29/39 (Date rec'd by registrar) (b) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 28 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to Dec 28 1939, and that I last saw him alive on Dec 28 1939.

Immediate cause of death Coronary thrombosis — Duration Instant

Due to Chronic Rheumatic Endocarditis

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature [signature] M. D. or other

Address Rosedale Md. Date signed Dec 28/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11758

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 26 yrs. 3 mos. 13 da

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto.

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 903 No. Calhoun St.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Usa

3. (a) FULL NAME Lawrence Dietz.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W.	Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1858

8. AGE:

Years	Months	Days	If less than one day
81	?	?	____ hrs. ____ min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Shoemaker

11. Industry or business: Repairing

FATHER — 12. Name: Not known

FATHER — 13. Birthplace

MOTHER — 14. Maiden name: Not known

MOTHER — 15. Birthplace

16. Informant: Hosp. records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/15/39 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp.

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp.

Address: Catonsville Md

19. 12/18 (Date rec'd by registrar) 1939 H. L. Snader Registrar

Deputy Local

MEDICAL CERTIFICATION

13:10

20. DATE OF DEATH Dec. 10 1939, at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1937, to Dec. 10 1939, and that I last saw him alive on Dec. 9 1939.

	DURATION
Immediate cause of death: Chronic myocarditis	1935
Due to: Gen. arteriosclerosis	Stated
Due to:	Before 1913.
Other conditions: Dementia present	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Robert E. Gardner M.D.

M. D. or other

Address: Spring Grove State Hosp. Catonsville, Md. Date Signed 12/12/39

VS A15 (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

32 (48)

CERTIFICATE OF DEATH

11759

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Phila. Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)

(d) Street No. Phila. Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? 55 years

3 (a) **FULL NAME** Caroline Dietzel

3 (b) If veteran, name war: no

3 (c) Social Security No. none

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Adam Dietzel

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1865

8. **AGE:** Years 74 Months 10 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Saxon Germany (Town, county, and state)

10. Usual occupation Own Home

11. Industry or business

FATHER
12. Name Strauss
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Henry Peper

(b) Address Phila. Rd. White Marsh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20th 39 (month) (day) (year)

(c) Cemetery or crematory Trinity

Location Balto City Md.

18 (a) Funeral director F. Lassalm & Son

(b) Address Belair Rd 7401

19 (a) Dec. 17-39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 17 1939, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1939, to Dec 17 1939, and that I last saw ~~him~~ her alive on Dec 17 1939.

Immediate cause of death: Toxemia — Duration: 3 mos.

Due to Carcinoma Uterus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Baumgardner M. D. or other

Address Rosedale Md Date signed 12/17/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

11760

CERTIFICATE OF DEATH

(17)

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Middle River (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Bird River Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Middle River (If outside city or town limits, write RURAL and give town)

(d) Street No. Bird River Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Thomas Lawrence Dignan

3 (b) If veteran, name war No

3 (c) Social Security No. 219-07-9315

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17th, 1874

8. AGE: Years 65 Months 7 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business General Building

FATHER 12. Name Thomas L. Dignan

13. Birthplace Unknown

MOTHER 14. Maiden Name Mary Larkins

15. Birthplace Unknown

16 (a) Informant Mr. Charles Kline

(b) Address Middle River Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13th 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto. Maryland

18 (a) Funeral director Fredk Lassalmt Sons

(b) Address 7401 Belair Road

19 (a) Dec. 11 '39 (Date rec'd by registrar) (b) John D. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 11 1939, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1939, to Dec 11 1939, and that I last saw him alive on Dec 11 1939.

Immediate cause of death Chronic Encephalitis Lethargica — Duration 15 days

Due to Arteriosclerotic Cardiovascular disease — ?

Due to Encephalitis lethargica. C.W.G.R. Duration: 3 weeks.

Other conditions Chronic alcoholism.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. Baumgardner M. D. or other

Address Rosedale Md Date signed 12/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—~~CITY~~ Co OF BALTIMORE

11761

CERTIFICATE OF DEATH

53-6

1. PLACE OF DEATH

Registered No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

~~CITY~~ Co OF BALTIMORE: (No. Maple Grove Home, Catonsville St., Md. Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel T. Dillard

If U. S. Veteran specify WAR .....

(a) Residence: No. 1416 Park Ave St., Balto Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hollins Va.

FATHER

13. NAME Penbroke Dillard

14. BIRTHPLACE (city or town) (State or country) Hollins Va.

MOTHER

15. MAIDEN NAME Lucy Obenschain

16. BIRTHPLACE (city or town) (State or country) Hollins Va.

17. INFORMANT D. Stoke (Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Hollins, Va. Date Dec 6 1939

19. UNDERTAKER Ambrose, Inc. (Address) 1012 W. Cross St.

20. FILED 12/4 1939 [signature] Registrar.

Deputy Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/21, 1938, to 12/3, 1939

I last saw her alive on Dec 2, 1939. Death is said to have occurred on the date stated above, at 1:56 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	1938

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/12/39

For what disease or injury? Exploratory

Name of operation Laparotomy

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify: .....

(Signed) William S. Duplette, M. D.

(Address) 1326 W. Lombard St.

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 22 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This pt. had obstruction right ureter, was examined at Johns Hopkins Hosp. Apr. 12, 1939. Carcinoma found - primary source not definitely determined but apparently in ureter

STATE OF MARYLAND—CERTIFICATE OF DEATH

11762

1. PLACE OF DEATH (93-C)

County Baltimore Registration Dist. No. 33

Village or City Glyndon No. 28 Chatsworth Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John K. Doenges

(a) Residence: No. 28 Chatsworth Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helena Doenges

6. DATE OF BIRTH (month, day, and year): Feb 8. 1863

7. AGE: Years 76 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Upholsterer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Belvedere Hotel

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Ernest Doenges.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Christopher W. Doenges Sr. (Address) 28 Chatsworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Dec. 7, 1939

19. UNDERTAKER: Mr & Mrs. John W. Teufel & Son (Address) 801 W. Fayette St.

20. FILED: Dec. 5, 1939 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June, 1939, to Dec 5, 1939

I last saw h 1 M alive on Dec 4, 1939, 19 ; death is said to have occurred on the date stated above, at 5:20 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

myocarditis (chronic) decompensating

Date of onset

Other Contributory Causes of importance:

hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James G. Saffel M. D.

(Address) Reisterstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

BUREAU OF VITAL STATISTICS
DEC 8 1939
RECEIVED

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH (82a)

2411 N. Charles St., Baltimore

11763

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore

City or town ~~Xxxxxx~~ St Denis

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: River Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town St Denis Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. River Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME Henry L. Domeyer

3. (b) Social Security Number ---

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Domeyer

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 4th 1868

8. AGE: Years	Months	Days	If less than one day
71	3	26	— hrs. ____ min.

9. Birthplace Baltimore - Md.

(Town, county, and state)

10. Usual occupation Painter

11. Industry or business B&O RR.

FATHER 12. Name Henry L. Domeyer -

13. Birthplace Germany -

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Mrs. Angus Mayer

Address Riley - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 3rd 1940 (month) (day) (year)

Cemetery ~~Xxxxxx~~ St Matthews

Location Baltimore, Md.

18. Funeral director Wm. J. Tickner & Sons

Address North & Penna Aves., Balto, Md.

19. Jany 1940 (Date rec'd by registrar) Geo. Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1939, at 5 40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 1909, to December 31 1939, and that I last saw him alive on December 31 - 1939.

Immediate cause of death	DURATION
Cerebral haemorrhage -	Hours
Due to ✓	
Due to ✓	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederic V. Beetler M. D. or other

Address Riley - Md Date signed Dec 31-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 10 1940
BUREAU V. S.

Conrad Stanley Doniecki

STATE OF MARYLAND—CERTIFICATE OF DEATH

11764

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 42

Village or City Lansdowne Md — No. Sulphur Spring Rd — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. life mos. ds. — How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Conrad Stanley Doniecki — If U. S. Veteran, specify WAR

(a) Residence: No. Sulphum Spring Rd., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 7, 1938

7. AGE	Yeers	Months	Days	If LESS then 1 dey, hrs. or min.
	1	3	21	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed lest worked et this occupation (month and year)

11. Totel time (yeers) spent in this occupetion

12. BIRTHPLACE (city or town) (Stete or country) Balto Co. Md

FATHER

13. NAME Edw J. Doneicki

14. BIRTHPLACE (city or town) (Stata or country) Lansdowne Balto Co Md.

MOTHER

15. MAIDEN NAME Viola Mogowska

16. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

17. INFORMANT Edw J Doneicki

(Address) Lansdowne Md.

18. BURIAL, CREMATION, OR REMOVAL

Piece Holy Rosary Dete Dec 31st, 1939

19. UNDERTAKER George A. Weber

(Address) 705 S ann sheet

20. FILED Dec 29, 1939 Ger Keefer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 29 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1939, to Dec 29, 1939

I last saw h.m alive on Dec 29, 1939; death is said to heve occurred on the dete steted above, et 10 50 A. m.

The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:

	Date of onset
Bronchio Pneumonia	15 Dec 39

Other Contributory Causes of Importence:

Neme of operetion None — Dete of —

Whet test confirmed diegnosis? Clinical — Wes there en eutopsy? No

23. If deeth was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Neture of Injury

24. Was diseese or injury in eny wey releted to occupetion of deceesed? No

If so, specify

(Signed) H. Lawrence Wheeler M. D.

(Address) 2910 Hollins Ferry Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11765

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: 7 Overbrook Rd

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): ?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Catonsville Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7 Overbrook Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth C. Duke

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married, widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: James M. Duke

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 2nd 1899

8. AGE: Years: 40 Months: 4 Days: 27 If less than one day: hrs. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER

12. Name: George Kothe

13. Birthplace: Balto Md

MOTHER

14. Maiden name: Julia Snyder

15. Birthplace: Balto. Md.

16. Informant: James M. Duke

Address: 7 Overbrook Rd Catonsville Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: 1/2/40 (month) (day) (year)

Cemetery ~~or crematory~~: Holy Redeemer

Location: Balto Md

18. Funeral director: William Cook

Address: 817 St Paul St

19. 12/30 1939 (Date rec'd by Registrar) H. C. Andrews Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29th 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 29 1938, to Dec 29 1939, and that I last saw her alive on Dec 29 1939.

Immediate cause of death: Coronary Thrombosis — DURATION: 1 day

Due to: Cardio-Vascular renal Disease

Due to: — 4 yrs.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Augustine P. Von Schulz Mrs. M. D. or other

Address: 4818 Edmondson Ave Date signed: Dec 29 1939

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (137) Reg. Dist. No. 33

CERTIFICATE OF DEATH

11766

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Woodensburg, md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Old Hanover Road.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 62 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodensburg.
(If outside city or town limits, write RURAL and give town)
(d) Street No. none, Old Hanover Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Johnsie Marion Duncan.

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Male
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband or wife Julia E. Duncan
6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept, 19, 1857.

8. AGE: Years 82 Months 2 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace St. Georges, Balto. Co.
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business —

FATHER
12. Name Johnsie Duncan.
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Julia A Gore.
15. Birthplace St. Georges, Balto Co.

16 (a) Informant Julia E. Duncan.
(b) Address Woodensburg, md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, '39 (month) (day) (year)
(c) Cemetery or crematory Asbury Cemetery
Location Reisterstown, md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, md.

19 (a) Dec. 11, 1939 (Date rec'd by registrar) (b) L. Frank Miller Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 10th 1939, at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1st 1939, to Dec 10th 1939, and that I last saw him alive on Dec 10th 1939.

Immediate cause of death Uremic Coma — Duration 2 dy
Due to Enlarged Prostate — 6 mo
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Nil
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Frank Miller M. D. or other
Address Reisterstown Date signed Dec 11th 1939

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11767

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-C)

County Baltimore Registration Dist. No. 53

Village or City Owings Mills, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Mummert Earhardt If U. S. Veteran, specify WAR

(a) Residence: No. Owings Mills, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Earhardt

6. DATE OF BIRTH (month, day, and year) March 4, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Adams Co. (State or country) Penna.

FATHER

13. NAME Solomon Mummert

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Charles Earhardt

(Address) Texas Balto Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Dec 28, 1939

19. UNDERTAKER A. L. Ulrich Sons

(Address) 3539 Falls Road

20. FILED Dec. 27, 1939 J. Druid Weedon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939, to Dec. 26, 1939

I last saw her alive on Dec. 24, 1939; death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Chronic Myocarditis	?
Arteriosclerosis	?

Other Contributary Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, spacify

(Signed) H. F. Ormsbee M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JAN 3 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1248)

11768

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore,

City or town Glyndon

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 220 Central Ave.

Stay in hospital or inst. (yrs., or mos., or days) 4 yrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore,

City or town Glyndon Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 220 Central Ave.

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME Hattie M. Emmart

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm. W. Emmart

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 10, 1869

8. AGE: Years 70. Months 4 Days 29 If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Home duties

11. Industry or business

FATHER 12. Name John Frist

13. Birthplace Delaware

MOTHER 14. Maiden name Emily Holt

15. Birthplace Conn.

16. Informant Mr. Wm. W. Emmart

Address 220 Central Ave. Glyndon, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/11/39 (month) (day) (year)

Cemetery or crematory Loudon Park Cemy.

Location Fred. Ave. Balto. Md.

18. Funeral director John O. Mitchell & Son Inc.

Address 1900 Eutaw Place

19. Dec. 10 1939 (Date rec'd by registrar) J. Frank Mitchell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1939, at 2:20AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31, 1939 to December 9, 1939, and that I last saw her alive on December 7, 1939.

Immediate cause of death Cirrhosis of the liver

DURATION About 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edwin B. Jarrett M. D. or other

Address 1115 St. Paul St., Baltimore, Md. Date signed 12/9/30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

Mrs. C. B. Jarrett.
1115 St. Paul

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

39 (23) 11769

Reg. Dist. No. 938

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Towson, Md.

Stay in hospital or inst. (yrs., or mos., or days): 11 years.

Stay in this community (yrs., or mos., or days): 21 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore County Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 107 Leeds Ave., (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Margaret Findling

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: William Findling (?)

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 22, 1871

8. AGE: Years: 67 Months: 9 Days: 21 If less than one day: hrs. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: Nurse.

11. Industry or business: —

FATHER
12. Name: Martin Wigger
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mary Engle.
15. Birthplace: Baltimore, Md.

16. Informant: Hospital Records,

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/15/39 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Frederick Ave

18. Funeral director: Thos. J. Kenny

Address: Hollins & Gilmore Sts

19. 12/12 1939 (Date rec'd by registrar) Wm. Carroll Vaughn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 12 1939, at 7:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1928, to December 12 1939, and that I last saw her alive on December 12 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 1906

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Maryland. Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 19 1939
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

11770

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address (Hospital, or Institution): Spring Grove State Hosp
Stay in hospital or inst. (yrs., or mos., or days): 1 mo 24 da
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 675 Barbon
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mamie Flaherty

3. (b) Social Security Number: none

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Fred Flaherty
6(c) If alive, give age: ____ years
7. Birth date of deceased (mo., day, yr.): Aug 26 1889
8. AGE: Years: 50 Months: 3 Days: 21 If less than one day: ____ hrs. ____ min.
9. Birthplace: Dublin Md (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business:
FATHER 12. Name: John C. Hill
13. Birthplace: Unknown
MOTHER 14. Maiden name: Melissie Jones
15. Birthplace: Md
16. Informant: Daughter Mrs. Berlin Wright
Address: Havre de Grace Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20 1939 (month) (day) (year)
Cemetery or crematory: Dublin Cem
Location: Harford Co. Md
18. Funeral director: H. S. Bailey
Address: Darlington Md.
19. 12/17 (Date rec'd by registrar) 1939 H. L. Sundeen Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 17 1939, at 4 10 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1939 to Dec 17 1939
and that I last saw her alive on Dec 17 1939

	DURATION
Immediate cause of death:	
General Paresis	Since 1930
Due to: Syphilis	Before 1930
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John G Russel M. D. or other
Address: Catonsville Md Date signed 12/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11771

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 25 days

Stay in this community (yrs., or mos., or days): 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 803 S. East Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Anna Fleischmann

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Frederick Fleischmann

6(c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): June 28, 1910

8. AGE:

Years	Months	Days	If less than one day
29	5	24	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Stephen Orlick
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden name: Josephine Rose
15. Birthplace: Czechoslovakia

16. Informant: Hospital Records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26 1939 (month) (day) (year)

Cemetery or crematory: Holy Redeemer Cem

Location: Belair Rd

18. Funeral director: Martin H. E. Deppe

Address: 378 Ann St

19. 12/27/39 (Date rec'd by registrar) H. L. Anderson Registrar
By Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 22, 1939, at 1:10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 27, 1939, to December 22 1939, and that I last saw h[illegible] alive on December 22, 1939.

Immediate cause of death	OURATION
Spontaneous pneumo-thorax, right side	½ hour
Due to Lobar pneumonia, right	10 days
Due to Pulmonary tuberculosis right side	Before 1939
Other conditions Schizophrenia, catatonic type	Before 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No

Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? No (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Serge Androp M. D. or other
Serge Androp
Address: Spring Grove Hospital Date signed: 12/22/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Duplicate 11

CERTIFICATE OF DEATH

11772

Reg. Dist. No. 33

1. PLACE OF DEATH:

County BALTIMORE

City or town REISTERSTOWN

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: MOUNT PLEASANT

Stay in hospital or inst. (yrs., or mos., or days) 30 days

Stay in this community (yrs., or mos., or days) 34 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County

City or town BALTIMORE Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 142 NORTH BROADWAY

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ABRAHAM FLEXOR

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Sarah Flexor

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1884

8. AGE: Years	Months	Days	If less than one day
55	3		____ hrs. ____ min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual occupation MERCHANT

11. Industry or business MERCHANT

FATHER 12. Name LOUIS FLEXOR

13. Birthplace RUSSIA

MOTHER 14. Maiden name SOPHIE ?

15. Birthplace RUSSIA

16. Informant Sarah Flexor (wife)

Address 142 N. Broadway, Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/10/39 (month) (day) (year)

Cemetery or crematory Sherring Run

Location

18. Funeral director Jack Lewis Inc.

Address 1439 E. Balto. St.

19. Dec. 10 1939 (Date rec'd by registrar) J. Frank Mitchell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1939, at 10.10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1939 to Dec. 9 1939, and that I last saw him alive on Dec 9 1939.

	DURATION
Immediate cause of death: Chronic Pulmonary Tuberculosis	unknown
Due to	
Due to	
Other conditions: Diabetes mellitus	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy Chronic pulmonary tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel Lipatin M.D

M. D. or other

Address Mount Pleasant Date signed Dec. 9 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 23 1939
U. S.

11773

STATE OF MARYLAND—CERTIFICATE OF DEATH

(48)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Owings Mills No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eva May Fuhrman If U. S. Veteran, specify WAR

(a) Residence: No. Owings Mills, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unmarried

6. DATE OF BIRTH (month, dey, end yeer) Jan. 19, 1875

7. AGE Years 64 Months 10 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Housework

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceesed lest worked at this occupation (month and year) 4 yrs ago

11. Total time (yeers) spent in this occupetion ?

12. BIRTHPLACE (city or town) (State or country) York Co. Penna.

FATHER

13. NAME Aptile Fuhrman

14. BIRTHPLACE (city or town) (Stete or country) York Co. Penna

MOTHER

15. MAIOEN NAME Lydia Utz

16. BIRTHPLACE (city or town) (Stete or country) York Co. Penna.

17. INFORMANT (Address) Chester Fuhrman York Co. Penna

18. BURIAL, CREMATION, OR REMOVAL

Piece Mount Joy Pa Dete Dec 12, 1939

19. UNDERTAKER (Address) Samuel L Frey Marietta Lane Co Pa

20. FILED Dec. 10, 1939 J. Frank Miller M.D. Reisterstown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That i ettended deceased from Nov, 1938, to Dec. 9, 1939

i lest saw her elive on Dec. 9, 1939; death is said to heve occurred on the date steted ebove, et 12 m. idnite

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	?
Chronic Myocarditis	?

Other Contributory Causes of importence:

Neme of operation Dete of

Whet test confirmed diegnosis? Clinical Wes there en eutopsy? no

23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or Injury in eny way related to occupation of deceased? no

If so, specify

(Signed) D. F. Ernshar M. D.

(Address) Reisterstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

CERTIFICATE OF DEATH

11774

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

City or town Monkton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 47 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Laura Wells Gatchell

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or ~~wife~~ John J. Gatchell

6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) July 8, 1865

8. AGE: Years 74 | Months 5 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Bucks Co. Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name John W. Wells

13. Birthplace Md

MOTHER

14. Maiden name Elizabeth Jane Pereogoy

15. Birthplace Md

16. Informant Miss John Milbourne

Address Monkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27-39 (month) (day) (year)

Cemetery or crematory Foster's County

Location Monkton, Md

18. Funeral director P. Marklinet Sons

Address White Hall, Md

19. Dec 26 1939 (Date rec'd by registrar) M. Bortner No. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1939, at 12:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 30, 1939, to Dec. 24, 1939, and that I last saw her alive on Dec. 24, 1939.

Immediate cause of death

Carcinomatosis

Due to Carcinoma of colon.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

?

?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Robert Hiver M. D. or other

Address Codseyville, Md. Date signed 12/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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APR 8 1940
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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11775

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Baltimore
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 7507 Carson Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 7507 Carson Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Henry Gegner

3. (b) Social Security Number

4. Sex M.
5. Color or race W.
6. (a) Single, married, widowed, or divorced Widowed.
6 (b) Name of husband or wife Carolina (Rehmert)
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 6 - 1859

8. AGE: Years 80 Months Days 6 If less than one day hrs. min.

9. Birthplace Balto Co. Md. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name John Geo. Gegner
13. Birthplace Germany
MOTHER 14. Maiden name Unknown
15. Birthplace Germany
16. Informant John Gegner
Address 7507 Carson Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-15-39 (month) (day) (year)
Cemetery or crematory Mt Carmel
Location O'Donnell Str Rd.
18. Funeral director John G. Connelly
Address Essex Md.
19. 12-13 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12 1939, at 3:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1937, to Dec 12 1939, and that I last saw him alive on Dec 12 1939.

Immediate cause of death — DURATION
Cerebral Hemorrhage 2 days
Due to Hypertension & Acid
Due to Chronic Cardiac Oil 5 yr.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lars Vogel M.D. or other
Address 2028 Patterson Park Date signed 12-12-39
Balto Md

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11776

1. PLACE OF DEATH 93C

County Baltimore Registration Dist. No. 50

Village or City Catonsville No. 1300 Frederick Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Emma Clara Grote If U. S. Veteran, specify WAR None

(a) Residence: No. 3516 Hayward Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Joseph Grote

6. DATE OF BIRTH (month, day, end year) July 7/1858

7. AGE Years 81 Months 4 Days 25 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Kach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT F. Clarence Grote (Address) 3516 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date Dec 5, 1939

19. UNDERTAKER C. Vernon Lemmon (Address) 4611 Park Heights Ave

20. FILED 12/5, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December, 3, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from November, 30, 1939, to December, 3, 1939

I last saw her alive on December, 2, 1939; deeth is said to heve occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration, Chr.	Years
Arthritis Deformans.	Years

Other Contributory Causes of Importance:

Senility

Inanition.

Name of operation 0 Date of

What test confirmed diegnosis? 0 Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 0 Oete of injury ____, 19

Where did injury occur? 0 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) S. Lloyd Johnson M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11777

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 27 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Balto

City or town: Dundalk Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 201 Colgate (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Capt James Alfred Hall

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minnie E Hall

6(c) If alive, give age ~~[illegible]~~ years

7. Birth date of deceased (mo., day, yr.): May 25 – 1853

8. AGE: Years 86 | Months 6 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace: Milford Del (Town, county, and state)

10. Usual occupation: Sea Captain

11. Industry or business

FATHER
12. Name: Robert A Hall
13. Birthplace: Del

MOTHER
14. Maiden name: Anna Mustard
15. Birthplace: Del

18. Informant: Mrs Vidette Webster

Address: 201 Colgate St

17. Removal (Burial, cremation, or removal. Which?) Date thereof 12/24/39 (month) (day) (year)

Cemetery or crematory: Odd Fellows Cem

Location: Milford Del

18. Funeral director: John Ullrich

Address: 2008 Orleans St

19. 12/21 1939 (Date rec'd by registrar) Milton M Samuelson Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 20th 1939, at 12 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 19th 1939, to Dec. 20 1939, and that I last saw him alive on Dec. 20 1939.

Immediate cause of death: Coronary Thrombosis

Due to: Chronic Myocarditis Cannular fibrillation

Due to

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 days. Not known.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: M B Davis M. D. or other

Address: Dundalk, Md Date signed 12/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 23 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11778

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (77)

County Baltimore Co. Registration Dist. No. 32

Village or City Randalstown Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hall If U. S. Veteran, specify WAR

(a) Residence: No. Wyam Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Rosa Hall

6. DATE OF BIRTH (month, day, and year) aug 12 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co (State or country) Md

FATHER

13. NAME John Hall

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Rosa Hall (Address) Randalstown Md

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Date Dec 28, 1939

19. UNDERTAKER Wallace & Jackson (Address) 916 Pennsylvania ave

20. FILED 12/26/39 19 E E Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 25 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 39, 1939, to 25 - 39, 1939

I last saw him alive on Dec 23, 1939; death is said to have occurred on the date stated above, at 1140 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other Contributory Causes of Importance:

Prostatic disease	2 mos
senility	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E E Nichols M. D.

(Address) Randallstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-C)

CERTIFICATE OF DEATH

11779

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Glyndon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Temperance Lane
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto
City or town Glyndon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Temperance Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14 1.55 AM

8. AGE: Years | Months | Days: 2 | If less than one day: hrs. min.

9. Birthplace Glyndon - Balto Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Howard Emerson Harris
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden name Helen Marie Bosley
15. Birthplace Balto Co. Md.

16. Informant Howard Harris + wife
Address Glyndon, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 15 1939
(month) (day) (year)

Cemetery or crematory St Pauls Lutheran
Location Arcadia, Balto Co. Md.

18. Funeral director father Howard Harris
Address Glyndon, Md.

19. Dec. 16 1939
(Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15th 1939, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Dec 14 1939.

Immediate cause of death weakness + inanition (inability to nurse properly.

DURATION

Due to

Due to Incomplete Closure of Valve of Valsalva

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Cyril E. Gamble, M.D. M. D. or other
Address Upperco, Md. Date signed Dec 15-'39

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JAN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11780

Reg. Dist. No. 47

1. PLACE OF DEATH:
County: Baltimore
City or town: Sutherville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 Months 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 4210 Charles St. Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emmy Hausmann

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

B (b) Name of husband or wife: Gustav Hausmann — 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 30, 1855

8. AGE:

Years	Months	Days	If less than one day
83	11	3	hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Ernst Haverland
13. Birthplace: Germany

MOTHER
14. Maiden name: Kurth
15. Birthplace: Germany

16. Informant: Gustav Feltner
Address: Sutherville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 5, 1939 (month) (day) (year)
Cemetery or crematory: Greenmount
Location: Baltimore

18. Funeral director: Landon M. Burfo
Address: Sparks, Md

19. 12/4 1939 (Date rec'd by registrar) Wilmer C. Ensor, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 3 1939 at 1:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1939, to Dec 3 1939, and that I last saw h[illegible] alive on Dec. 1 1939

Immediate cause of death: Acute pneumonia both lungs — DURATION: 2 days

Due to: Dilated heart

Due to: Arterio sclerosis, Hypertension

Other conditions: Senile dementia

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury — Injured at work?

23. SIGNATURE: Harry D. McCarty, M. D. or other
Address: 31 W. Preston St
Date signed: 12-3-39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. H. D. McCarty Preston

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (81)

CERTIFICATE OF DEATH

11781

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 415 Sleyleside Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia County

City or town Washington Ward No.

(If outside city or town limits, write RURAL, NEAR and give town)

Street No. 1339 Maple View Pl. S.E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katherine Emma Hayden

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James A. Hayden

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1870

8. AGE: Years 69 | Months 3 | Days 28 | If less than one day hrs. min.

9. Birthplace St Marys Co Maryland (Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business Own Home

FATHER 12. Name Joseph Johnson

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Mary Emma

MOTHER 15. Birthplace

16. Informant Mrs. James Harrison

Address 415 Sleyleside Ave Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 18, 1939 (month) (day) (year)

Cemetery or crematory St Joseph Church Cem.

Location Morganza St Marys Co.

18. Funeral director Edelston Sons

Address Ellicott City

19. 12/19 (Date rec'd by registrar) 1939 Dignity Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 14 1939 at 11 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1 1936 to Dec. 14 1939, and that I last saw her alive on 12 - 14 1939.

	DURATION
Immediate cause of death Amyotrophic Lateral Sclerosis	3 years
Due to	
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burton MD M. D. or other

Address Ellicott City Date signed 12-14-39

RECEIVED
DEC 20 1939
BUREAU F. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11782

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Balto (82-C) Registration Dist. No. 42

Village or City Overlea No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Healy If U. S. Veteran, specify WAR

(a) Residence: No. 103 Chesley Ave St., Ward.

(Usual place of abode) if nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Classon

6. DATE OF BIRTH (month, day, and year): 7-24-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Telegrapher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Thomas Healy

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Nellie Steiner

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address) 103 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 12-22, 1939

19. UNDERTAKER Leonard J. Rucks (Address) 5305 Harford Rd

20. FILED 12/21, 1939 Mrs G. A. Fritz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) - 20 (Day) -, 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1938, to Dec 19, 1939

I last saw h-im alive on Dec 19, 1939; death is said to have occurred on the date stated above, at 4 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3/3/38
Bronchopneumonia	12/13/39
Other Contributory Causes of importance: Arteriosclerosis	unknown
Hypertension	"
Obesity	"

Neme of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external ceuses (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) John W Bracken M. D.

(Address) 6304 Belair Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 3 1940 REGISTRAR U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (131)

Registered No. 38 [redacted]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6305 Boxwood Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 11783
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6305 Boxwood Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME HENRY HERMANI

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2577

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name ~~of husband or~~ wife Emma.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9-21-1874

8. AGE: Years 65 | Months 2 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Undecorated Co

FATHER
12. Name Wm Hermani
13. Birthplace Germany

MOTHER
14. Maiden Name Thresa Bahr
15. Birthplace Germany

16 (a) Informant Henry Hermani Jr
(b) Address 6305 Boxwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director Geo Leimbach
(b) Address 525 N. Gordon St

19 (a) DEC 11 1939 (Date rec'd by registrar) (b) [illegible] Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9, 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1938, to Dec 9 1939, and that I last saw him alive on Dec 9 1939.

Immediate cause of death	Duration
Coronary Thrombosis	1936
Chr. Sup. Nephritis	1936
Due to	
Due to	
Other Conditions Acute Cardiac Dilatation	1939

(Include pregnancy within 8 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. W. Bishop M. D.
Address 501 Sheridan Av Date signed Dec 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 16 1939
BUREAU U. S.

11784

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82-a

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp

Stay in hospital or inst. (yrs., or mos., or days): 1 yr - 9 mo 7 da

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1308 N Caroline St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Minnie Hohmann

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: John Hohmann

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 11-16-1855

8. AGE:

Years	Months	Days	If less than one day
84	1	6	____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: John Greenwalt
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary Holzner
15. Birthplace: Germany

16. Informant: Frank Hohmann

Address: 1308 N Caroline St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/26/39 (month) (day) (year)

Cemetery or crematory: Holy Family Cemetery

Location: Harrisonville Md.

18. Funeral director: George J. Rutto Inc.

Address: 1735 Harford Ave. Balto Md.

19. 12/23 1939 (Date rec'd by registrar) H. Hohmann Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 22 1939, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1938, to Dec 22 1939, and that I last saw her alive on Dec 22 1939.

Immediate cause of death: Cerebral Hemorrhage

Due to: Generalized Arterio Sclerosis

Due to:

Other conditions: Psychosis with Organic changes Nervous System

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: Since Dec 10-39 Before March 13-38 Before March 38

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John G. Rinehart M. D. or other

Address: Catonsville Md Date signed 12/23/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 26 1939
PITTSBURGH, PA.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11785

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Balto
City or town: Millers Shaft, Pascoeian
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For nonresident infants give residence of mother)
State: Md. County: Baltimore Co.
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3322 Virginia Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Joseph Horowitz

3. (b) Social Security Number: 213-05-7700

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	widower

6 (b) Name of husband or wife: Ella Horowitz
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 14, 1908

8. AGE: Years	Months	Days	If less than one day
31	-	21	hrs. min.

9. Birthplace: Balto. Md.
(Town, county, and state)
10. Usual occupation: Brakeman
11. Industry or business: Contracting Business
FATHER 12. Name: Aaron Horowitz
13. Birthplace: Russia
MOTHER 14. Maiden name: Ella Meyerson
15. Birthplace: Russia
18. Informant: Mother: Ella Horowitz
Address: 3322 Virginia Ave.
17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) 12-6-39
Cemetery or crematory: Herring Run
Location: Phil. Rd. & Bowleys Lane
18. Funeral director: Jack Lewis Inc.
Address: 1439 E. Balto St.
19. (Date rec'd by registrar) 12/6 1939 G. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5th 1939, at 4 P. M. about
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19, and that I last saw ~~h~~ alive on 19

Immediate cause of death	DURATION
Accidental death Killed by falling between bales & truck	
Due to by Motor car in Monticello Tennessee	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of Dec 5-1939
Where did injury occur? Monticello Tenn.
(City or town) (County) (State)
Injured at ~~home, farm~~, industry, public place (where?) Box car
Means of injury: Was above Injured at work? yes

23. SIGNATURE: P. T. O'Neal Dept P.M. Ex
M. D. or other
Address: Pascoeian Md. Date signed 12-5-39

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11786

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Baltimore
City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Baltimore Co., Almshouse
Stay in hospital or inst. (yrs., or mos., or days) 2 mo. 5 da
Stay in this community (yrs., or mos., or days) 2 mo. 5 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Lutherville Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. — — — — —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Luther Howard

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife ~~Single~~

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1871

8. AGE: Years 68 | Months 10 | Days 17 | If less than one day ____ hrs. ____ min.

9. Birthplace Cuba - Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Elzer Howard

13. Birthplace Maryland

MOTHER 14. Maiden name Ida Parker

15. Birthplace Maryland

16. Informant Almshouse Record

Address Texas, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3 1940 (month) (day) (year)

Cemetery or crematory Gaughs' M. E. Cem

Location Cockeysville Maryland

18. Funeral director Landon M. Brooks.

Address Sparks, Md.

19. Jan 2nd 1940 (Date rec'd by registrar) Wm. J. Whitcomb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1939, at 9A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 1939, to Dec. 31 1939. and that I last saw him alive on Dec. 30 1939.

	DURATION
Immediate cause of death	
Chronic Valvular Endocarditis	6 mo.
Due to Chronic Interstitial Nephritis	6 mo.
Due to Alcoholism -	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C. Ensor M.D. M. D. or other

Address Cockeysville Md Date signed Dec 31/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11787

1. PLACE OF DEATH

County Baltimore County Registration Dist. No. 30

Village or City Catonsville. No. Daughters of Enchanse St., Ward

(If death occurred in a hospital or institution, give NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Emma V. Hulsmann

(a) Residence: No. 1466 William St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry C. Hulsman

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years abt. 74 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fairhaven, Md.

FATHER

13. NAME: Robert H. Shipley

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Mary Ford

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Webster 204 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 12/13, 1939

19. UNDERTAKER (Address): John J. Fahey & Son 1318 Bright St.

20. FILED: 12/11, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 10, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1932, to Dec. 10, 1939

I last saw her alive on Dec. 10, 1939; death is said to have occurred on the date stated above, at 5.15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac Hypertension	not known
Chronic Nephritis	
Diabetes Mellitus	

Other Contributory Causes of Importance: Broncho Pneumonia Dec. 8, 1939.

Name of operation: none Date of

What test confirmed diagnosis? Physical & Laboratory Ess. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East West St. Baltimore Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
DEC 27 1929
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

CERTIFICATE OF DEATH

11788

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Lutherville P.O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Greenspring Ave. Chestnut Ridge

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Greenspring Ave. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Ida Belle Hunt

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Edward Hunt

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1870

8. AGE: Years	Months	Days	If less than one day
68	II	II	hrs. min.

9. Birthplace: Baltimore Co.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Henry Bosley
13. Birthplace: Baltimore Co.

MOTHER
14. Maiden name: Charlotte Tawney
15. Birthplace: Baltimore Co.

16. Informant: Edward Hunt
Address: Lutherville P.O.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 9, 1939 (month) (day) (year)

Cemetery or crematory: Pleasant Grove

Location: Baltimore Co.

16. Funeral director: J.F. Eline & Sons

Address: Reisterstown Md.

19. Dec. 8 1939 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 6 1939, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-24 1939 to 12-6 1939, and that I last saw her alive on 12-2 1939.

	DURATION
Immediate cause of death: Carcinoma of Colon	6 mo.?
Due to:	
Due to:	
Other conditions: Senile Dementia	6 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None.

Of autopsy: None -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? None.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: None Injured at work?

23. SIGNATURE: D. D. Eagles, M.D.
M. D. or other

Address: Reisterstown, Md. Date signed: 12-8-'39

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

11789

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:
County Baltimore
City or town Sparks, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Edward Jackson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colr	married

6 (b) Name of husband or wife Lora Jackson
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 19 1869

8. AGE: Years	Months	Days	If less than one day
70	8	19	hrs. min.

9. Birthplace Gambrills Md
(Town, county, and state)
10. Usual occupation Farm Laborer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace "
MOTHER 14. Maiden name Unknown
15. Birthplace "
16. Informant Mrs Lora Jackson
Address White Hall Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 10-39 (month) (day) (year)
Cemetery or crematory Union Cem
Location Monkton, Md
18. Funeral director P. Markham Sons
Address White Hall Md
19. Dec. 9 1939 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1939, at 5 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939 to Dec. 8 1939, and that last saw h alive on Dec 8 1939

Immediate cause of death	DURATION
Carcinoma of stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma of stomach
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. M. France M. D. or other
Address Parkton, Md. Date signed 12/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11790

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Cockeysville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Cockeysville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Cuba Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: James Edward Johnson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Annie R. Johnson

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Aug 31, 1874

8. AGE: Years	Months	Days	If less than one day
65	4	—	hrs. min.

9. Birthplace: Charlottsville, Virginia (Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business

FATHER — 12. Name: Chatman Johnson

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Harriet Jane Johnson

15. Birthplace: Virginia

16. Informant: Mrs. Annie R. Johnson

Address: Cockeysville md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 3, 1940 (month) (day) (year)

Cemetery or crematory: Boughs' M. E. Church

Location: Cockeysville Md.

18. Funeral director: Sandin M. Bowles

Address: Sparks, Md

19. Jan 2nd 1940 (Date rec'd by registrar) Wm. J. Schriver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 31, 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 to Dec. 31, 1939, and that I last saw him alive on Dec. 31, 1939

	DURATION
Immediate cause of death: Chr. Nephritis - Uremia	3 days.
Due to (Generalized Arteriosclerosis	?
Due to Hypertensive Cardiovascular Renal Disease.	?
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: Robert Hive M. D. or other

Address: Cockeysville, Md Date signed: 1/1/40

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11791

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Essex, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Nicholson Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Balto.
City or town: Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Nicholson Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Bessie Elizabeth Jones

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William Jones
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July - 11 - 1887
8. AGE: Years: 52 Months: 8 Days: 19 If less than one day: hrs. min.
9. Birthplace: Balto. City Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER
12. Name: William Heisner
13. Birthplace: Balto. City
MOTHER
14. Maiden name: Barbara Arnold
15. Birthplace: Balto. Md.
16. Informant: Mary Kues
Address: 529 S. Kenwood Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 - 2 - 40 (month) (day) (year)
Cemetery or crematory: Oak Lawn Cem.
Location: Eastern Ave Rd.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 1 - 2 - 40 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30 1939, at ? M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to Dec 30 1939 and that I last saw h alive on Dec 30 1939

	DURATION
Immediate cause of death: Pulmonary Oedema	
Due to: Chronic Rheumatic Endocarditis	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: G. W. Baumgardner M. D. or other
Address: Rosedale Md Date signed 1/2/40

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 33

11792

CERTIFICATE OF DEATH

(48)

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Glyndon, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 49 Railroad Ave. Glyndon, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 15 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glyndon, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 49 Railroad Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Cornelia Elizabeth Krauch.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband or wife Donald Krauch

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) July 11, 1902

8. AGE: Years 37 | Months 4 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace ~~Sandstown~~ Sandstown, Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Charles Edward Krummel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Goedecke
15. Birthplace Baltimore

16 (a) Informant Donald Krauch
(b) Address Glyndon, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1939 (month) (day) (year)
(c) Cemetery or crematory Asbury M. E. Cemetery
Location Reisterstown, Md.

18 (a) Funeral director William Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) Dec. 5, 1939 (Date rec'd by registrar) (b) J. I. Paul Mitchell Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 3 1939, at 11 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to Dec 3 1939, and that I last saw him alive on Dec 2 1939.

Immediate cause of death	Duration
Carcinoma of Cervix	18 mos
Due to ✓	
Due to ✓	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James L. Saffell M. D. or other
Address Reisterstown, Md. Date signed 12/5/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11793

(50)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 3 Wade Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah M Kremer If U. S. Veteran, specify WAR .....

(a) Residence: No. 3 Wade Ave St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence A Kremer

6. DATE OF BIRTH (month, day, and year) Jan 6 1900

7. AGE Years 39 Months 11 Days 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Burrier

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME — Hamilton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Lawrence A Kremer 3 Wade Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 12/12, 1939

19. UNDERTAKER (Address) George E Farley Catonsville Md.

20. FILED 12/8, 1939 [signature] Registrar. Dept of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1939, to 12-8, 1939

I last saw her alive on 12-8, 1939; death is said to have occurred on the date stated above, at 2 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Sarcoma Right Breast	1-18-39

Other Contributory Causes of importance:

Metastatic Tumor Left Lung	8-30-39
Pericarditis	10-15-39
Cardiac Decompensation	11-20-39

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George E Urban M. D.

(Address) 803 Fred Rd Catonsville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 2 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11794

1. PLACE OF DEATH

County: Baltimore — Registration Dist. No. 30

Village or City: Catonsville — No. Maiden Choice La St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary B. O'Krien (Krie) If U. S. Veteran, specify WAR

(a) Residence: No. Maiden Choice La St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 29 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Religeuse

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lawrence O'Krien

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Maigle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. John Federling 4222 Vermont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 12/28, 1939

19. UNDERTAKER (Address) George A. Farley Catonsville Md

20. FILED 12/27, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 26, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from October, 1938, to December 26, 1939

I last saw her alive on 12/26/39, 19; death is said to have occurred on the date stated above, at 6 30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	?

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond F. Heilbrich M. D.

(Address) 1120 St. Paul St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11795

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Recedo Knolls

Stay in hospital or inst. (yrs., or mos., or days): 10 mos. 18 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1754 E. North Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Amelia Langenfeldt

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Nicholas Langenfeldt

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 19, 1857

8. AGE: Years: 79 Months: 7 Days: 13 If less than one day: hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER 12. Name: Andrew Green,

FATHER 13. Birthplace: Maryland.

MOTHER 14. Maiden name: Amelia Hewell

MOTHER 15. Birthplace: Maryland

16. Informant: Sister Cecelia

Address: Recedo Knolls

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 5 1939 (month) (day) (year)

Cemetery or crematory: Woodlawn

Location: Woodlawn Balto. Co. Md.

18. Funeral director: John O. Mitchell & Sons Inc

Address: 1900 Eutaw Place.

19. 12/4/39 (Date rec'd by registrar) E. L. Sandman Registrar

Dilbert Lucas

MEDICAL CERTIFICATION

10:35

20. DATE OF DEATH: Dec. 2nd. 1939, at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1939, to Dec. 2nd. 1939, and that I last saw her alive on November 28, 1939.

	DURATION
Immediate cause of death: Chronic myocarditis	1
Due to:	
Due to:	
Other conditions: Debility of aged.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Carroll Monmonier, M. D. or other

Address: Catonsville, Md. Date signed: 12/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1940
BUREAU V. S.
RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11797

Reg. Dist. No. 37

1. PLACE OF DEATH

County: Baltimore Co.

City or town: Cockeysville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Masonic Home of Md.

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs 7 Months

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4201 Ridgewood Ave

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edward F. Lantz

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Amelia Mary Lantz

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Feb 19-1861

8. AGE: Years	Months	Days	If less than one day
78	9	17	hrs. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: Balto. Newspaper Co.

11. Industry or business

FATHER — 12. Name: Peter Lantz

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Katherine Wiemeke

MOTHER — 15. Birthplace: Germany

16. Informant: Laura M. Schroeder

Address: Masonic Home Cockeysville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 8-39 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore, Md.

18. Funeral director: Geo. L. Beyer,

Address: 1512 Hollins St.,

19. Dec. 6-39 (Date rec'd by registrar) Laura M. Schroeder Sub-Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 – 1939, at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1937, to Dec 6 1939 and that I last saw him alive on Dec 6 1939

	DURATION
Immediate cause of death: Cerebral Hemorrhage	5 days
Due: Essential Hypertension	10 yrs
Due to: Arteriosclerosis	10 yrs
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. H. Skillman, M. D. or other

Address: 6 E. Biddle St. Date signed

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94E)

Reg. Dist. No. 11798

1. PLACE OF DEATH:

County: Balto

City or town: Dundalk

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Dundalk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 22 East ship

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Alfred Alexander Layng

3. (b) Social Security Number: 212-09-2132

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elsie Layng

6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Feb 11 1882

8. AGE: Years: 57 Months: 9 Days: 22 If less than one day: hrs. min.

9. Birthplace: Athens Ontario Canada (Town, county, and state)

10. Usual occupation: Painter

11. Industry or business: Airoplane Inspector

FATHER

12. Name: William Layng

13. Birthplace: Ireland

MOTHER

14. Maiden name: Amelia Wakefield

15. Birthplace: ~~Ireland~~ New York

18. Informant: Mrs Elsie Layng

Address: 22 East ship

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 6/39 (month) (day) (year)

Cemetery or crematory: Oak Lawn Cem

Location: Eastern Ave

18. Funeral director: John Ullrich

Address: 2008 Orleans St

19. 12/4 1939 (Date rec'd by registrar) Milton W Smulson Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3rd 1939, at 11-45 AM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~.

Immediate cause of death: Coronary Occlusion

Due to: Who had been summoned reached here

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W P E Myer Dept P.M. Tex M. D. or other

Address: Pulaski Md Date signed: 12-3-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
DEC 9 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11799

(93-C)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson No. Alleghany Av. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 8 ds. How long in U.S. if of foreign birth? 58 yrs. 4 mos. 8 ds.

2. FULL NAME James Henry Jarrett Lee

(a) Residence: No. Alleghany Av St., Ward. Towson

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year): August-7-1881

7. AGE: Years 58 | Months 4 | Days 8 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Towson Balto Co Md.

FATHER

13. NAME: William A Lee

14. BIRTHPLACE (city or town) (State or country): Towson Md

MOTHER

15. MAIDEN NAME: Emma Jarrett

16. BIRTHPLACE (city or town) (State or country): Towson Balto Co

17. INFORMANT (Address): Miss Julia S. Lee - (sister) Alleghany Av.

18. BURIAL, CREMATION, OR REMOVAL

Place: Towson Md Date: Dec-17-1939

19. UNDERTAKER (Address): Stewart Mayers Company 108 W. Mt. Balto.

20. FILED: 12/15, 1939 [illegible] Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 15th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938, to Dec 15th, 1939

I last saw him alive on Dec 15th, 1939; death is said to have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other Contributory Causes of importance:

Chronic Myocarditis	22 mos

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Daniel of St. Thos. Jenifer M. D.

(Address) Towson Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 2 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1. MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

STATE OF MARYLAND
CERTIFICATE OF DEATH

11800

[1] PLACE OF DEATH

County Balto (940)

Registration Dist. No. 31

Village or City Randallstown (No. , St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

[2] FULL NAME Amelia L. Leuze.

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX	[4] COLOR OR RACE	[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female.	White.	Widowed.

[6] DATE OF BIRTH Feb. 16th, 1873.
(Month) (Day) (Year)

[7] AGE 64 yrs. 10 mos. 6 ds. If LESS than 1 day, hrs. OR min. ?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) At Home

[9] BIRTHPLACE (State or country) Balto Co. Maryland.

PARENTS

[10] NAME OF FATHER Conrad Deatlman.

[11] BIRTHPLACE OF FATHER (State or country) Germany

[12] MAIDEN NAME OF MOTHER Annie Schock

[13] BIRTHPLACE OF MOTHER (State or country) Germany

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy Wiedeman

(Address) Randallstown Md

[15] Filed Dec 24, 1939 Wm E Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH Dec 22, 1939
(Month) (Day) (Year)

[17] I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1939 to Dec 22, 1939.
that I last saw her alive on Dec 21, 1939
and that death occurred on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) yrs. 4 mos. ds.

Contributory (Secondary) Arteriosclerosis

Chronic Myocarditis

(Duration) One yrs. mos. ds.

(Signed) A. C. Smith, M. D.

Dec 22, 1939 (Address) 4509 Labyrinth Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

[18] LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Dec 25th, 1939

[20] UNDERTAKER D K Donovan ADDRESS 1003 W Baltimore St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcinoma. Sarcoma.* etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 3 1940 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12487

82-a

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County: Baltimore

City or town: Phoenix P.O. (Jacksonville)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Jacksonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Joseph Sims

3. (b) Social Security Number — None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mattie Sims

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.): Nov. 2, 1873

8. AGE: Years 66 | Months 1 | Days 26 | If less than one day ___ hrs. ___ min.

9. Birthplace: Ga Baltimore Co., Maryland
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Building - Own Business

FATHER
12. Name: John C. Sims
13. Birthplace: Germany.

MOTHER
14. Maiden name: Margaret Dreher
15. Birthplace: Germany

16. Informant: Mrs. Joseph Sims
Address: Phoenix, Balto. Co. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31 1939 (month) (day) (year)

Cemetery or crematory: Reformed Church

Location: Jacksonville Md.

18. Funeral director: Landon M. Brooks
Address: Sparks Md.

19. Dec. 30 1939 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28, 1939, at 2:45 pM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1939, to Dec. 28, 1939, and that I last saw him alive on Dec. 28, 1939.

Immediate cause of death: Cerebral Hemorrhage. — DURATION: 3 hrs.

Due to: Generalized Arteriosclerosis Hypertensive vascular Disease — 2 yrs?

Due to:

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Dt operations: —
Dt autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Robert H. Sive M. D. or other

Address: Cockeysville, Md. Date signed 12/29/39

1939
66
3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 30

11801

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Bonny-View Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in this community (yrs., mos., or days) 2 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Atlantic Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Frances A. Lord

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1882

8. AGE: Years	Months	Days	If less than one day
57	5	14	____hr. ____min.

9. Birthplace Brooklyn, N. Y. (Town, county, and state)
10. Usual occupation Retired School Teacher
11. Industry or business

FATHER
12. Name James Lord
13. Birthplace Brooklyn, N. Y.

MOTHER
14. Maiden Name Martha Kieser
15. Birthplace Brooklyn, N. Y.

16 (a) Informant Mr. James Lord
(b) Address 1880 E 22nd St., Brooklyn, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1939 (month) (day) (year)
(c) Cemetery or crematory Greenwood Cemetery
Location Brooklyn, N. Y.

18 (a) Funeral director D. J. Donovan
(b) Address 1005 W. Baltimore St.

19 (a) 12/28/39 (Date rec'd by registrar) (b) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death 12/28 1939, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1939 to 12/28 1939
and that I last saw him alive on 12/28 1939

Immediate cause of death	Duration
Cardiac decompensation	1 week
Due to	
Due to Motor Neuritis	5 mos.
Other conditions Multiple Neuritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Cahn M.D. (M. D. or other)
Address 2145 W. Baltimore St Date signed Dec. 28/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 38

(1248)

CERTIFICATE OF DEATH

11802

1. PLACE OF DEATH:

(a) County Balto County

(b) City or town Parkville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Bagley ave 3 doors East Taylor ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 19 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Parkville (If outside city or town limits, write RURAL and give town)

(d) Street No. Bagley ave. near Taylor ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 35 yrs years

3 (a) FULL NAME Amelia Lutz

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ John Lutz

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct. 6-1874

8. AGE: Years 65 Months 2 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Austria (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name dont know

13. Birthplace austria

MOTHER 14. Maiden Name dont know

15. Birthplace austria

16 (a) Informant John Lutz

(b) Address Bagley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8-39 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto. City

18 (a) Funeral director John G. Moran

(b) Address Boone Balto

19 (a) 12/6/39 (Date rec'd by registrar) (b) G. M. Bacon Registrar

MEDICAL CERTIFICATION

20. Date of death 12/5 1939, at 2 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1938, to Dec. 5 1939, and that I last saw ~~him~~ her alive on Dec. 5 1939.

Immediate cause of death	Duration
Acute dilatation of heart	6-7 hrs.
Due to Toxaemia	
Due to Chr. hypertrophic cirrhosis of liver	2 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. Bacon M. D. or other

Address Parkville Date signed 12/5/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11803

CERTIFICATE OF DEATH

Reg. Dist. No. 9 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Burke Ave.

Stay in hospital or inst. (yrs., or mos., or days): 1 mo 17 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: City

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1203 N. Charles St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ralph Adams Lyons

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Oleeta Lyons

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 17, 1904

8. AGE: Years: 35 Months: 1 Days: 18 If less than one day ____ hrs. ____ min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual occupation: Mechanical Engineer

11. Industry or business:

FATHER
12. Name: Gerald James Lyons
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Lillie Ballard
15. Birthplace: Ohio

16. Informant: Personal History-Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Dec 7, 1939 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore, Md.

18. Funeral director: Wm J. Tickner & Sons

Address: North & Penna Ave

19. Dec. 6 1939 (Date rec'd by registrar) W. Carroll Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5 1939, at 1.25 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 18 1939, to Dec 5 1939, and that I last saw him alive on Dec 4 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 9 yr.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed:

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JAN 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11804

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City St Helena (Dundalk PO) No. 6729 Oak Av St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda (Tillie) Mary Malatesta

(a) Residence: No. 500 S. Newkirk St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of (1) Richard Kimball Jordan (2) Charles Frank Malatesta (3) Henry Ghilyn

6. DATE OF BIRTH (month, day, and year): July 6 1864

7. AGE: Years 75 Months 5 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1939

11. Total time (years) spent in this occupation 56 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Augustus Henry Ghilyn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Uhl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Richard Kimball Jordan 6729 Oak Av

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Dec. 26, 1939

19. UNDERTAKER (Address) Lilly & Teiler INC. 403 S. Wolfe St.

20. FILED 12/23, 1939 Milton M. Newman Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 22 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1939, to Dec 22, 1939

I last saw her alive on Dec 22, 1939; death is said to have occurred on the date stated above, at 1250 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1937

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred A. Burdick M. D.

(Address) 4006 Parkwood Av Baltimore Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulation U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

BUREAU A. S.
DEC 29 19
U. S. CENSUS

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11805

Reg. Dist. No. 20

1. PLACE OF DEATH:
County: Balto.
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or~~ institution: Maple Grove Nursing Home
Stay in ~~hospital~~ or inst. (yrs., or mos., or days): 3 mo.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Balto. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1422 Fillmore st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Mc Donald

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife: Bertha McDonald
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 22nd 1874

8. AGE: Years	Months	Days	If less than one day
65	9	9	hrs. min.

9. Birthplace: Balto Md
(Town, county, and state)
10. Usual occupation: Mechanic
11. Industry or business: Md Meter Works
FATHER 12. Name: Chas Mc Donald
FATHER 13. Birthplace: Balto. Md.
MOTHER 14. Maiden name: Mamie Working
MOTHER 15. Birthplace: 1147 Gorsuch Ave
16. Informant: Mamie Working
Address: 1147 Gorsuch Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-4-39 (month) (day) (year)
Cemetery or ~~crematory~~: Loretto
Location: Balto Md.
18. Funeral director: William Cook
Address: 1217 St. Paul st.
19. 12/1/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 1st 1939, at 6:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9th 1937 to Nov 30 1939
and that I last saw him alive on Nov 30 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frederick A. Green M.D.
M. D. or other
Address: 2827 N Calvert St Date signed: 12/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 7 1939
U.S. BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

11806

(46-D)

1. PLACE OF DEATH

County Balto Registration Dist. No. 32

Village or City Garrison No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John McHenry If U. S. Veteran, specify WAR

(a) Residence: No. Green Spring Valley St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Male

4. COLOR OR RACE White

5. ~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ (write the word) Married

5e. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Priscilla P. Stuart McHenry

6. DATE OF BIRTH (month, day, and year) Aug 29 1863

7. AGE Years 76 Months 3 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Treasurer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Mercantile Trust

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md

FATHER

13. NAME James H McHenry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Nicholas Carr

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) James McHenry Green Spring Valley

18. BURIAL, CREMATION, OR REMOVAL Place Hillsboro Garrison Forest Date Dec 19, 1939

19. UNDERTAKER (Address) H. W. Jenkins Sons Co Orchard McCulloh St

20. FILED 12/19, 1939 Dr. E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 17, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Dec, 1939

I last saw him alive on Dec. 12, 1939; death is said to have occurred on the date stated above, at 11 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	June 1937?

Other Contributory Causes of importance:

Pyelitis

Myocarditis

Name of operation Sigmoidostomy Date of Sept 3. 1939

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sydney R. Miller M. D.

(Address) 1115 St Paul St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(1)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
DEC 29 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient operated upon at Union Mem. Hospital in Sept 1939
Diagnosis made from symptoms, palpable metal mass
and proctoscopic examinations. S. R. Miller

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

11807

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 months, 4 days

Stay in this community (yrs., or mos., or days): 2 months, 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Henderson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jacob C. Melvin

3. (b) Social Security Number: 220-01-9835

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 25, 1907

8. AGE: Years	Months	Days	If less than one day
32	3	20	hrs. min.

9. Birthplace: Henderson, Caroline Co., Md.
(Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: Unknown

FATHER
12. Name: James R. Melvin
13. Birthplace: Missouri

MOTHER
14. Maiden name: Dora Montague
15. Birthplace: Henderson, Maryland

16. Informant: Eleanor Pearson
Address: Mt. Wilson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17, 1939 (month) (day) (year)

Cemetery or crematory: Unknown,
Location: Greensboro, Maryland

18. Funeral director: R. B. Rawlings
Address: Greensboro, Maryland

19. Dec. 15, 1939 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 15 1939, at 1:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11, 1939, to Dec. 15, 1939, and that I last saw him alive on December 15 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Since Febr. 1939
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John A. Smith M. D.

Address: Mt. Wilson, Md. Date signed: 12/15/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82F)

Reg. Dist. No. 35 — 11808

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore.
(b) City or town Parkton, Rural.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 72.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore.
(c) City or town Parkton, Rural.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Horace Mitchell Miller.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Bessie Miller.

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) August 12, 1867

8. AGE: Years 72 | Months 4 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Parkton, Md.
(Town, county, and state)

10. Usual occupation Railroader.

11. Industry or business

FATHER
12. Name H. B. Miller.
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Cooper.
15. Birthplace Md.

16 (a) Informant Bessie Miller.
(b) Address Parkton, Md. R.D.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1939 (month) (day) (year)
(c) Cemetery or crematory Wiseburg
Location Parkton, Md. R.D.

18 (a) Funeral director Jacob Hartenstein
(b) Address New Freedom, Pa.

19 (a) Dec 18 39 (Date rec'd by registrar) (b) Charles L Feuller Deputy L Registrar

MEDICAL CERTIFICATION

20. Date of death December 18, 1939 at 10.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1939, to Dec. 18 1939, and that I last saw him alive on Dec. 18 19 39.

Immediate cause of death	Cerebral thrombosis	Duration
Due to		
Due to		
Other conditions	Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. France M. D. or other
Address Parkton, Md. Date signed 12/19/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 8 1940
BUREAU V. S.

11809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Baltimore
City or town McDonough
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 58 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town McDonough Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harry B Mitten

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of ~~husband~~ or wife Fannie R Fowble
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 7 - 1855

8. AGE: Years 84 | Months 7 | Days . | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Ret Blacksmith
11. Industry or business

FATHER
12. Name William J Mitten
13. Birthplace Maryland

MOTHER
14. Maiden name Tompsey Wilt
15. Birthplace Maryland

16. Informant Herbert S Mitten
Address McDonough Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9/39 (month) (day) (year)
Cemetery or crematory Westminster
Location Westminster, Md

18. Funeral director Edward C Tipton
Address Hampstead Md

19. 12-7-39 19 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7th 19 , at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from For many years 19 , to Dec 5 - 1939 , and that I last saw h in alive on Dec 5th 1939

Immediate cause of death	DURATION
Arteriosclerosis	?
Due to	
Due to	
Other conditions Senile degeneration	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E E Nichols MD
M. D. or other
Address Pokeville Md Date signed 12-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48) Reg. Dist. No. 11810

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Rossville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Jennings Lane
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Rossville (If outside city or town limits, write RURAL and give town)
(d) Street No. Jennings Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Agnes M Mohr.

3 (b) If veteran, name war: —
3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry S Mohr
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 31st 1886

8. AGE: Years	Months	Days	If less than one day
53	5		____ hr. ____ min.

9. Birthplace Germany (Town, county, and State)
10. Usual occupation At home
11. Industry or business

FATHER 12. Name	Unknown
FATHER 13. Birthplace	Germany
MOTHER 14. Maiden Name	Unknown
MOTHER 15. Birthplace	

16 (a) Informant Henry S. Mohr
(b) Address Rossville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2nd 1940 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Balto Co Md.

18 (a) Funeral director F. Lassahn & Son
(b) Address 7401 Belair Rd

19 (a) 12/1/40 (Date rec'd by registrar) (b) Mrs. E. A. Fritz Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 31 1939, at 6:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1939, to Dec 31 1939, and that I last saw him alive on Dec 31 1939.

Immediate cause of death	Duration
Toxemia	
Due to Carcinoma of uterus	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno B Baumgardner M. D. or other
Address Rosedale Md. Date signed 12/31/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11811

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore,
City or town: Catonsville.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Recedo Knolls, Maiden Choice Road
Stay in hospital or inst. (yrs., or mos., or days): 3 years
Stay in this community (yrs., or mos., or days): 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: ~~Catonsville~~. Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1318 Spring St. ~~Recedo Knolls, Maiden Choice Rd.~~
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mary E. Montague

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Eugene V. Montague
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 14, 1864

8. AGE: Years	Months	Days	If less than one day
75	7	11	____ hrs. ____ min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER 12. Name: Robert Coleman
13. Birthplace: Ireland
MOTHER 14. Maiden name: Not known
15. Birthplace: Ireland
16. Informant: Mrs Elizabeth Clements
Address: Harrisburg Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/27/39 (month) (day) (year)
Cemetery or crematory: Baltimore Cem.
Location: Baltimore, Md.
18. Funeral director: George A. Farley
Address: Catonsville, Md.
19. 12/26/39 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 25, 1939, at 5:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1937, to Dec. 25 1939, and that I last saw her alive on Dec. 24, 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage (Hemiplegia, right.)	2 days
Due to	
Due to	
Other conditions: Senile Dementia	Before 1937.

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: No Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): None
Means of injury: injured at work?

23. SIGNATURE: [signature] J. Carroll Monmonier M. D. or other
Address: Catonsville, Md. Date signed 12/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11812

93-d

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Ruxton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: LaBelle Ave.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) ~~8~~ 6 wks.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Cowenton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Joppa Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME A nna Gambrill Moore

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Rheese Moore

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 22, 1852

8. AGE: Years	Months	Days	If less than one day
87	6	21	____ hrs. ____ min.

9. Birthplace Balto. Co., Md. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name William Gambrill

13. Birthplace Balto. Co., Md.

MOTHER 14. Maiden name Abigail Green

15. Birthplace Unknown

16. Informant Mrs. J. M. Gambrill,

Address New York, N. Y.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 15, 1939 (month) (day) (year)

Cemetery or crematory Camp Chapel Cemetery

Location Joppa Road

18. Funeral director F. Lassalm & Son

Address 7401 Belair Road.

19. 12/14 (Date rec'd by registrar) 1939 A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13th 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1st 1939, to Dec 13th 1939, and that I last saw her alive on Dec 12th 1939.

Immediate cause of death — DURATION

Myocardial Insufficiency — 2 weeks

Due to Senility. General Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel of St. Thos. Jenifer M. D. or other

Address Towson, Md Date signed 12/14/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

11813

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto.
City or town Longview Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Longview Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Moses E. Nafzinger — **3. (b) Social Security Number** None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Emma C. Nafzinger
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1 - 1857

8. AGE: Years	Months	Days	If less than one day
82	1	12	hrs. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Peter Nafzinger
13. Birthplace Penna

MOTHER
14. Maiden name Lydia Yoder
15. Birthplace Md.

16. Informant Mrs. Emma C. Nafzinger
Address Longview Md.

17. Burial — Date thereof Dec. 16-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Fork M. E. Cem.
Location Fork Md.
18. Funeral director Clarence E. Arthur
Address Fork Md.

19 12/16/39 W. M. Hammett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1939, at 6 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1938, to Dec 12 1939, and that I last saw him alive on Dec 12 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	12/9/39
Due to Arterio Sclerosis	1937
Due to Senescentity	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter M. Hammett M. D. or other
Address Baltimore Date signed 12/14/39

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 38

CERTIFICATE OF DEATH

93c

11814

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: West Joppa Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1½ yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Towson (If outside city or town limits, writs RURAL and give town)

(d) Street No. West Joppa Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ruth Allen Ocker

3 (b) If veteran, name war ____

3 (c) Social Security No. ____

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Joseph C. Ocker

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1896

8. AGE: Years 43 Months 4 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Corbett, Balto. Co., Md. (Town, county, and state)

10. Usual occupation Artist (Commercial)

11. Industry or business Self

FATHER

12. Name Newton D. R. Allen

13. Birthplace Fawn Grove, Penna.

MOTHER

14. Maiden Name Rosa E. Heathcote

15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Rosa E. Allen

(b) Address West Joppa Road, Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1939 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill Cemetery

Location Towson, Maryland

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Md.

19 (a) Dec 23/39 (Date rec'd by registrar) (b) W. Edward Vaughan Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 22, 1939, at 11:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1938, to Dec 22 1939 and that I last saw him alive on Dec 22 1939.

Immediate cause of death Chronic myocarditis

Duration 2 or more year

Due to

Due to

Other conditions Hemiplegia for 18 mo. (Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?

(e) Means of injury

23. Signature John A Evans M. D. or other

Address 612 W 40 St Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ages are especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11815

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (1866)

County Baltimore Registration Dist. No. 31

Village or City Pikesville Md. No. Augsburg Homes St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. if of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Johanna Margaret Orken If U. S. Veteran, specify WAR

(a) Residence: No. Augsburg Home St. Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John O'Orken

6. DATE OF BIRTH (month, day, and year) Aug 15-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	4	3	

OCCUPATION

8. Trede, profession, or particutar kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. None

9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked et this occupation (month and year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oldenburg Germany (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Theo. Katenkamp Supt. (Address) Augsburg Home

18. BURIAL, CREMATION, OR REMOVAL Ptace Baltimore Cem. Burial Date 12-21, 1939

19. UNDERTAKER John C. Miller Inc. (Address) 2433-35 E. Oliver Street

20. FILED Dec 19, 1939 Wm E Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 18th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1939, to Dec 18, 1939

I last saw her alive on Dec 17, 1939; death is said to have occurred on the date stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
1) Bronchopneumonia	5 days.
Fracture of left hip, due to an accidental fall, on the floor in hallway, other door, in the Augsburg Home.	
Other Contributory Causes of Importance:	
1) Fracture of left Hip.	12 days.

Neme of operetion None Date of

Whet test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Dec. 10, 1939

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. in the Augsburg Home

Menner of injury Accidental fall.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Earl L. Humphreys M. D.

(Address) 4108 Liberty Hts. Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 29 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107-a

11816

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Balto.

City or town: Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Balto. Co. Almshouse

Stay in hospital or inst. (yrs., or mos., or days): 20 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Balto

City or town: Pikesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: William Peterson

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of ~~husband~~ or wife: Sarah Peterson

6(c) If alive, give age about 80 years

7. Birth date of deceased (mo., day, yr.): July 28 1855

8. AGE: Years 84 Months 4 Days 28 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business: General.

FATHER

12. Name: Thos. Peterson

13. Birthplace: Md.

MOTHER

14. Maiden name: Sarah Chesweel

15. Birthplace: Md.

16. Informant: Ernest Peterson Balto.

Address: 3354 Chestnut Ave. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 26, 1939 (month) (day) (year)

Cemetery or crematory: ~~Stone Chapel~~ Poplar Cem

Location: ~~Pikesville, Md.~~ Cockeysville Md

18. Funeral director: ~~John Burns Sons~~ Frank Seitz

Address: ~~Towson, Md.~~ 814 N. 36th St. Balto.

19. Dec. 26 1939 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 24 1939, at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1939, to Dec 24 1939, and that I last saw him alive on Dec 23 1939.

Immediate cause of death: Bronchopneumonia — DURATION: 20 days

Due to: arteriosclerosis.

Due to: Senility.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wilmer C. Ensor M. D. ~~or other~~

Address: Cockeysville Md. Date signed: Dec 24/39.

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(948)

11817

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Balto. Co., Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 6 yr 4 mo

Stay in this community (yrs., or mos., or days) 6 yr 4 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town ~~Almshouse~~ Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ~~Texas~~ Silver and Cherry Ave. ~~Balto Co.~~

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Margaret Petrovis

3. (b) Social Security Number

4. Sex Female

5. Color or race White

B. (a) Single, married, widowed, or divorced widowed

B (b) Name of husband or wife Michael Petrovis

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1863

8. AGE: Years 76 Months Days 14 If less than one day ——— hrs. ——— min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Michael Newbaum

13. Birthplace Germany

MOTHER

14. Maiden name Victoria ?

15. Birthplace Hungary

16. Informant Almshouse Record

Address Texas. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-10-39 (month) (day) (year)

Cemetery or crematory New Cathedral Cem.

Location ~~New~~ Edmonson Ave.

18. Funeral director John G. Connelly

Address Essex Md

19. Dec. 7 1939 (Date rec'd by registrar) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1939, at 7.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Dec 7 1939, and that I last saw her alive on Dec 6 1939.

Immediate cause of death Cerebral Thrombosis — DURATION 1 month

Due to Arteriosclerosis — 2 yrs

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer C Ensor M.D. M. D. or other

Address Cockeysville Md. Date signed Dec 7/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

11818

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 14 So Beechwood ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Annie Hammond Phillips

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Woodland C Phillips deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 6 - 1863

8. AGE: Years 76 | Months 7 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace A A County (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Philip T Hammond
13. Birthplace A A Co Md

MOTHER
14. Maiden name Novil Ann Kirby
15. Birthplace Annapolis Md

16. Informant Margaret Phillips Duvall
Address 14 So Beechwood Ave Catonsville Md

17. Buried (Burial, cremation, or removal: Which?) Date thereof Dec 11 - 39 (month) (day) (year)

Cemetery or crematory St Johns Cem Ellicott City

Location

18. Funeral director William Cook

Address 1717 St Paul St.

19. Dec 11 1939 H Landeman
(Date rec'd by Registrar) Registrar
Dept Lcd

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1939, at 1 15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to Dec 8 1939, and that I last saw h ee alive on Dec 8 1939.

	DURATION
Immediate cause of death Carcinoma of st. Lung, upper lobe - metastatic	4 mo.
Due to Carcinoma of left breast	1937
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burgtorf M.D.
M. D. or other

Address Ellicott City, Md Date signed 12-8-39

RECEIVED
DEC 18 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-E)

Reg. Dist. No. 47

CERTIFICATE OF DEATH

11819

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Benges Station
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in this community (yrs., mos., or days) 62 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Benges Station
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Sarah Elizabeth Pielert

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife _____
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 11th 1866

8. **AGE:** Years 73 Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Washington Dc.
(Town, county, and state)
10. Usual occupation School teacher
11. Industry or business

FATHER
12. Name John Henry Pielert
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Geldmacher
15. Birthplace Germany

16 (a) Informant Harriett Pielert
(b) Address Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 39 (month) (day) (year)
(c) Cemetery or crematory Ebenezer
Location Balto Co.

18 (a) Funeral director F. Lassahn & Son
(b) Address 7401 Belair Rd.

19 (a) Dec. 21 39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 20 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1938, to Dec 20 1939, and that I last saw ~~him~~ her alive on Dec 20 1939.

Immediate cause of death Arteriosclerotic cardio-vascular disease — Duration ?

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature G. M. Baumgardner M. D. or other
Address Rosedale Md Date signed 12/20/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11820

(59)

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 4 3rd

Village or City Fullerton — No. Belair Rd. nr. Putty Hill Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emil G. Pielke — If U. S. Veteran, specify WAR

(a) Residence: No. Belair Rd. nr. Putty Hill Ave., Ward. Fullerton

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alma Pielke

6. DATE OF BIRTH (month, dey, end year): Nov. 28, 1867

7. AGE	Yeers	Months	Days	If LESS then 1 dey, hrs. or min.
	72	0	9	

OCCUPATION

8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.: Florist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Nursery

10. Date deceased lest worked at this occupetion (month and yeer): Dec. 7, 1939

11. Totel time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Charles Pielke

14. BIRTHPLACE (city or fown) (State or country): Unknown, Germany

MOTHER

15. MAIDEN NAME: Marie Frick

16. BIRTHPLACE (city or fown) (State or country): Unknown, Germany

17. INFORMANT: Mrs. Pielke, (Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL: Piece Parkwood Cem. Dete Dec. 9th, 1939

19. UNDERTAKER: F. Lanahan & Son (Address) 7401 Belair Road

20. FILED 12/7, 1939 Mrs. G. A. Fuhr, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: December 7th (Month) (Dey), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1938, to Dec. 6, 1939

I lest sew him alive on Dec. 6, 1939; deeth is seid to heve occurred on the date stated above, et 2 A. m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:

	Date of onset
Coronary artery thrombosis	12/6/39
Diabetes Mellitus	unknown
Arteriosclerosis	unknown

Other Contributory Causes of Importence:

Name of operetion: Blood chemistry — Date of:

What test confirmed diagnosis? Urine analysis — Was there en eutopsy? No

23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Neture of Injury

24. Was diseese or injury in eny way releted to occupetion of deceased? No

If so, specify

(Signed) John A. Macken M. D.

(Address) 6304 Belair Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 12 1939
BUREAU V. R.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11821

Reg. Dist. No. 3J

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days): 36 days
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 102 Smithwood Ave.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Edward F. Porter

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married.

6 (b) Name of husband or wife: Anna D. Smith
6(c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): Aug. 1853

8. AGE: Years	Months	Days	If less than one day
86	4	9 /	hrs. min.

9. Birthplace: Howard Co. Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: Nathan Porter
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah Hobbs
15. Birthplace: Maryland.

16. Informant: Hosp. Records
Address:

17. Burial, (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1939 (month) (day) (year)
Cemetery or crematory: Old Olivet Cem.
Location: Baltimore, Maryland

18. Funeral director: Easton Sons
Address: Ellicott City

19. 12/18/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

10:35

20. DATE OF DEATH: Dec. 16 1939, at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1939 to Dec. 16 1939; and that I last saw him alive on Dec. 16 1939.

Immediate cause of death	DURATION
Bronchio Pneumonia	2 days
Due to: Gen. Arterio Sclerosis	Study
Due to: Chr. Interstitial nephritis	Study
Other conditions: Senile Psychosis.	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: As given above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Roderick E. Gardner M. D.
M. D. or other
Address: Spring Grove State Hosp. Catonsville, Md.
Date signed 12/17/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 20 1939
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (51-C)

Reg. Dist. No. 35

11822

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 17 W. Penna. Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1¼ yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. 17 W. Penna. Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ********** years

3 (a) **FULL NAME** Fred Leonard Prickett

3 (b) If veteran, name war ------

3 (c) Social Security No. -------

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Grundy Prickett

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1861

8. **AGE:** Years 78 Months 9 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Loudon, Illinois (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER

12. Name Theodore D. Prickett

13. Birthplace Bordentown, N.J.

MOTHER

14. Maiden Name Emma Dunfee

15. Birthplace New Egypt, N.J.

16 (a) Informant Miss Elma Prickett

(b) Address 17 W. Penna. Ave., Towson

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount Crematory

Location Greenmount Cem., Baltimore

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Maryland

19 (a) 12/18/39 W. Carroll Van Horn Deputy Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. Date of death Dec. 15, 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1958, to Dec 15th 1939 and that I last saw him alive on Dec 15th 1939.

Immediate cause of death	Duration
Carcinoma of Prostate Gland	3 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel of Rt. Thos. Jennifer M. D. or other

Address Towson. Date signed Mo

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T)

RECEIVED
JAN 2 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11823

Registered No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore Co.
(a) Baltimore City, Maryland
(b) Street address 7044 Dunbar Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 7044 Dunbar Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Gullinger Reese

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Peter A Reese
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 / 1874

8. AGE: Years 65 | Months 11 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nicholas Gullinger
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Peter A Retzel
(b) Address 7044 Dunbar Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13-193 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Lipsitone
(b) Address 2818 2. Balto st

19 (a) 12/11/39 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1939 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to Dec 6 1939, and that I last saw h[illegible] alive on 12/10 1939.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Dilatation and curettage. For diagnosis
Of autopsy

Duration
7
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen L. Sikestry M. D.

Address 39 39 Fox Ave Date signed 12/11/39

RECEIVED
DEC 16 1939

STATE OF MARYLAND—CERTIFICATE OF DEATH

11824

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (157-C)

County Baltimore — Registration Dist. No. 39

Village or City Monkton — No. — St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 11 mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Monica Fox Reid — If U. S. Veteran, specify WAR —

(a) Residence: No. Monkton Md St. — Ward —

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	—

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 20 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Paul D Reid

14. BIRTHPLACE (city or town) New York (State or country)

MOTHER

15. MAIDEN NAME Anne Fox Olivier

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Preston Petre (Address) Phoenix Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place Immaculate Conception Date Dec 11, 1939

19. UNDERTAKER Henry W. Jenkins Sons Co (Address) McCulloh & Richard Sts

20. FILED Dec. 10, 1939 Anna Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939, to Dec. 9, 1939.

I last saw her alive on Dec. 9, 1939; death is said to hava occurred on the data stated abova, at 7:10 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Congenital Stenosis Disease	Birth

Other **Contributory Causes** of importance:

Embolism (Cerebral)

Name of operation — Date of —

What test confirmed diagnosis? — Was thera an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did Injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disaase or injury in any way related to occupation of dacaased? —

If so, specify —

(Signed) Fred Smith M. D.

(Address) 11 E. Chase St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*
4 R. above Belfast Rd			

RECEIVED
JAN 5 19[illegible]
BUREAU V[illegible]

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Fred Smith
622 W. 40th St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

11825

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH

County Baltimore Co

City or town Cockeysville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Masonic Homes of Md.

Stay in hospital or inst. (yrs., or mos., or days) 9 Mos. 8 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dreher Ave, Pikesville Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Marie Philipena Riebel

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married, widowed, or divorced~~

B (b) Name of husband or wife: Geo. Riebel

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 20 - 1858

8. AGE: Years 81 | Months 2 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Florist & Housewife

11. Industry or business

FATHER 12. Name Geo. Ram

13. Birthplace Germany

MOTHER 14. Maiden name Catherine Carriere

15. Birthplace Castle, Germany

16. Informant Laura M. Schroeder

Address Masonic Home Cockeysville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26/39 (month) (day) (year)

Cemetery or crematory Baltimore

Location (Old Section) A Q

18. Funeral director Geo. L. Berger

Address 1512 Hollins St

19. Dec 24 1939 (Date rec'd by registrar) Laura M. Schroeder Registrar

Disps.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1939, at 6 6 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April – 1939, to Dec 23 1939

and that I last saw h alive on Dec 23 1939

Immediate cause of death	DURATION
Acute Cardiac Decompensation	1 day
Due to Arteriosclerosis	10 yrs
Due to Cardiac Disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. Schroeder M. D. or other

Address Cockeysville Md Date signed 12/24/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 9 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11826

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto

City or town Dundalk (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sollers Point Rd near Dunmoy

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 1/2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Balto

City or town Dundalk Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Sollers Point Rd RD 1 Box 60 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daisy C Roberts

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William C Roberts

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec 19 1883

8. AGE:

Years	Months	Days	If less than one day
55	11	14	hrs. min.

9. Birthplace Jacksonville Fla. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name George Stroh

13. Birthplace Pa

MOTHER

14. Maiden name Bertha Bryan

15. Birthplace Jacksonville Fla

18. Informant William C Roberts

Address Sollers Point Rd. Dundalk Md

17. Burial (Burial, cremation, or removal. Which?) Data thereof 12-7-39 (month) (day) (year)

Cemetery or crematory East Harrisburg Cemetery

Location Harrisburg Pa

18. Funeral director William M Mareck

Address 715 Light St

19. Dec. 3 1939 (Date rec'd by registrar) Mieers M Knudsen Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1939, at 5:15 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25 1939, to Dec 2nd 1939, and that I last saw h live on Dec 2nd 1939

	DURATION
Immediate cause of death Myocarditis	1 week
Due to Arteriosclerosis	1 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank C Eldred M. D. or other

Address Glyndon Md Date signed 12-3-39

RECEIVED
DEC 29 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11827

1. PLACE OF DEATH (73C)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. Necedo Knoll St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 21 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Harriet Cook Robertson — If U. S. Veteran, specify WAR ____

(a) Residence: No. Mrs. Chas. Grove 4404 (Usual place of abode) St., Ward Woodside Ave. Balto. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) March 17 1854

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
85	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Montgomery Co. (State or country) Maryland

FATHER

13. NAME Wm G Robertson

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Mary L Scott

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Thos G Robertson (Address) 4404 Hamngdale Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 12/9, 1939

19. UNDERTAKER George A Staley (Address) Fulton Ave Lafayette

20. FILED 12/8, 1939 H L Stricker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1939, to Dec 6, 1939

I last saw her alive on Dec 5, 1939; death is said to have occurred on the date stated above, at 5:50 Am.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vasc Disease	
Cerebral Vasc. Accident	
Chronic Heart Failure	

Other **Contributory Causes** of importance: Chronic Myocarditis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Thos. G. Abbott M. D.

(Address) 4309 Liberty Heights Ave

If more than one cause is stated, adjust in Registrar's office. 1 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 2 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11828

38

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Towson No. 521 Anneslie Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry David Rodney If U. S. Veteran, specify WAR

(a) Residence: No. 521 Anneslie Rd. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Rodney

6. DATE OF BIRTH (month, day, and year): May 25, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Hutzler Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co.

FATHER

13. NAME: Edward Rodney

14. BIRTHPLACE (city or town) (State or country): Baltimore Co.

MOTHER

15. MAIDEN NAME: Jane Samuels

16. BIRTHPLACE (city or town) (State or country): Baltimore Co.

17. INFORMANT: Catherine Rodney
(Address) 521 Anneslie Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Place Oak Lawn Cemt. Date Dec. 22, 1939

19. UNDERTAKER: Clarence F. Hoffmann
(Address) 2723 E. Preston St.

20. FILED 12/20, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 18. (Day), 1939. (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1924, to Dec. 18, 1939.

That I saw him alive on Dec. 18, 1939; death is said to have occurred on the date stated above, at 3:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1924
Pulmonary Tuberculosis	1938

Other Contributary Causes of importance: None

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. E. Cole M. D.

(Address) 6014 York Road, Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

State of Maryland

~~BALTIMORE CITY HEALTH DEPARTMENT~~

CERTIFICATE OF DEATH

(48)

Registered No. 42

11829

1. PLACE OF DEATH: Balto Co

(a) ~~Baltimore City,~~ Maryland

(b) Street address 4508 Leeds Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 4508 Leeds Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Sophia Rosenthal

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or ~~wife~~ Harry J Rosenthal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 57 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles E Clarke

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Sarah Robinson

15. Birthplace Washington DC

16 (a) Informant Harry J Rosenthal

(b) Address 4508 Leeds Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 39 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) Dec 14 39 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/ 1939, at 6 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/14/ 1939, to 12/14 1939, and that I last saw her alive on 12/14/ 1939

Immediate cause of death Generalized Carcinomatosis

Due to Metastases from carcinoma of uterus

Due to Fibroid uterus with malignant degeneration

Other Conditions Hypertensive cardiovascular disease (Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. T. Battaglia M. D.

Address 537 Wildwood Pkwy Date signed 12/14/39

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 18 1939
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 35-

11830

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Baltimore.

(b) City or town Parkton.

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 18 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore.

(c) City or town Parkton, Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No. —

(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Charlotte Mamie Rosier.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Charles C. Rosier.

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) October 29, 1874

8. **AGE:** Years 65 Months 1 Days 16. If less than one day ____ hr. ____ min.

9. Birthplace Frackville, Pa.

(Town, county, and state)

10. Usual occupation Housekeeper.

11. Industry or business

FATHER

12. Name William Thomas.

13. Birthplace Md.

MOTHER

14. Maiden Name Sarah Wilson.

15. Birthplace Penna.

16 (a) Informant Helen Palmer

(b) Address Ashland, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1939 (month) (day) (year)

(c) Cemetery or crematory Stablersville

Location Parkton, Md. R.D.

18 (a) Funeral director Jacob Hartenstein

(b) Address New Freedom, Pa.

19 (a) Dec 18 39 (Date rec'd by registrar) (b) Chester L. Fullan Dept. L Registrar

MEDICAL CERTIFICATION

20. Date of death December 17, 1939 at 2:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to Dec. 1939, and that I last saw ~~him~~ her alive on Dec. 16 1939.

Immediate cause of death Carcinoma of the intestines

Duration 10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T. G. de Quevedo, M.D. M. D. or other

Address Box 6767, Towson, Md Date signed 12/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11831

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Dundalk Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 33 yrs. mos. ds How long in U.S. if of foreign birth? 33 yrs. mos. ds.

2. FULL NAME Gottardo Rossi SoC.Sec. Acc. 218-06-4547

(a) Residence: No. 246 Baltimore Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Rossi

6. DATE OF BIRTH (month, day, and year) Dec. 18 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trecento Rovigo (State or country) Italy

FATHER

13. NAME Pietro Rossi

14. BIRTHPLACE (city or town) Trecento Rovigo (State or country) Italy

MOTHER

15. MAIDEN NAME Pasqua Bertassa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Louis Rossi (Son) (Address) 246 Baltimore Ave (Dundalk Md.)

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Cem Date Dec. 23 1939, 19

19. UNDERTAKER Frank Della Rocca (Address) 52 N. Morley St. Baltimore Md.

20. FILED 12/22, 1939 Victor M Simpson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 21, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1939, to Dec 21, 1939

I last saw him alive on Dec 20, 1939; death is said to have occurred on the date stated above, at 2 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(1) Chronic myocarditis with Chronic Mitral Insufficiency	1931
(2) Chronic Interstitial Nephritis	9-18-39

Other Contributory Causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A W Reier M. D.

(Address) 2 Kinship Rd. Dundalk Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED DEC 29 1939 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49A)

CERTIFICATE OF DEATH

11832

Reg. Dist. No. 4-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Arbutus
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1216 Elm Ridge Ave
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Arbutus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1216 Elm Ridge
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Ruff

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Christopher Ruff
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): March 13 1878
8. AGE: Years 61 Months 9 Days 12 If less than one day — hrs. — min.
9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER 12. Name: Charles Steinweder
FATHER 13. Birthplace: Germany
MOTHER 14. Maiden name: Mary Heiner
MOTHER 15. Birthplace: Germany
16. Informant: Mrs. Christopher Ruff
Address 1218 Elm Ridge Rd
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-28-39 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave
18. Funeral director: F. B. Wiskert & Son
Address: 1300 Eutaw Place
19. Dec 28 1939 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1939 at 9:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1939 to 12-25 1939 and that I last saw him alive on 12-25 1939.

	DURATION
Immediate cause of death: adenocarcinoma left ovary	9 mos.
Due to: —	
Due to: —	
Other conditions: cardiac decompensation	14 days

(Include pregnancy within 3 months of death)

Major findings:
Operations: ✓
Radium therapy
Autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of —
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Fred T. Lyles M. D. or other
Address 3321 Frederick Ave Date signed 12-28-39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94b)

11833

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto.
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Margaret Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Margaret Ave,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Louise Sachs

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widowed.

6 (b) Name of husband or wife John Sachs
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 14 - 1860

8. AGE:

Years	Months	Days	If less than one day
79	10	16	____ hrs. ____ min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Rudolph
13. Birthplace Balto Md.

MOTHER
14. Maiden name Rosie Hombold.
15. Birthplace Balto Md.

16. Informant Frederick Sachs
Address Margaret Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 - 3 - 40 (month) (day) (year)
Cemetery or crematory Bachmans Cem.
Location Canton, Md.
18. Funeral director John G. Connelly
Address Essex, Md.

19. 1 - 3 - 40 (Date rec'd by registrar) 19 John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 5 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 15 1939, to December 30 1939 and that I last saw her alive on December 30 1939.

	DURATION
Immediate cause of death Coronary Thrombosis	1 day
Due to Arteriosclerosis, generalized	Years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George H. Davis M.D.
M. D. or other
Address Essex, Md. Date signed 12/30/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

11834

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Carney
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford + Joppa Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Harford Road + 5th Ave. County: Maryland

City or town: Carney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Edward Stevenson Salisbury

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Erma M. (Henry)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 2nd 1888

8. AGE: Years: 51 Months: 1 Days: 1 If less than one day: ___ hrs. ___ min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Plumber

11. Industry or business: Unemployed

FATHER
12. Name: Charles H. Salisbury
13. Birthplace: Baltimore

MOTHER
14. Maiden name: Rose ?
15. Birthplace: Baltimore Md

16. Informant: Mrs. Erma Salisbury
Address: Harford Rd + 5th Ave.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 12/6/39. (month) (day) (year)

Cemetery or crematory: U.S. National

Location: Frederick Road

18. Funeral director: George J. Rutto Inc.

Address: 1735 Harford Ave.

19. 12/4/39 (Date rec'd by registrar) W. Jewell Van Horn Deputy Health Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3rd 1939, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 28, 1939, to Dec. 3 1939, and that I last saw him alive on Dec. 3, 1939.

Immediate cause of death: Cardiac Disease, Coronary (Angina Pectoris) Angina Pectoris — DURATION: 1937 ±

Due to

Due to

Other conditions: Myocarditis, chronic, with decompensations — Unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; None

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Rollin C. Hudson MD
M. D. or other

Address: Towson, Md. Date signed 12/4/39.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

11835

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Essex (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Marlyn ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore.
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlyn Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) **FULL NAME** Anna Salvo

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Joseph Salvo

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known.

8. AGE: Years: Uncertain. 66 | Months: 7 | Days: Approx 80. 15 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual occupation House wife.

11. Industry or business

FATHER
12. Name John Calutta
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa De Marca
15. Birthplace Italy

16 (a) Informant Mr. Victor Salvo
(b) Address 410 Marlyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2 1940 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Baltimore

18 (a) Funeral director Wm Cook
(b) Address 1217 E. Lexington St.

19 (a) 12-30-39 (Date rec'd by registrar) (b) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 29 1939, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1939, to 12-29 1939, and that I last saw him alive on 12-28 1939.

Immediate cause of death	Duration
Myocardial Degeneration.	
Due to Arteriosclerotic Cardio Vas. Disease	
Due to Hypertension.	
Other conditions Bronchopneumonia 12-15 & 12-22-39	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard S. Owens Jr. M.D. (M. D. or other)
Address Pikesville, Md. Date signed 12-29-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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11836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 39 days.

Stay in this community (yrs., or mos., or days): 39 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2747 Washington Blvd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Edward F. Schminke

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose Schminke

6(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): August 1st 1880

8. AGE: Years: 69 Months: 4 Days: 1 If less than one day: hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Jeweler

11. Industry or business:

FATHER
12. Name: Henry Schminke
13. Birthplace: Germany

MOTHER
14. Maiden name: Christina ?
15. Birthplace: Germany ?

16. Informant: Hospital record.

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/5/1939 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem

Location: 3801 Frederick Road

18. Funeral director: John J. Cowan & Son

Address: 901 Hollins Street

19. 12/4 (Date rec'd by registrar) 1939 [signature] Registrar
Deputy Fund

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 2 1939, at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 24 1939, to Dec. 2 1939, and that I last saw him alive on Dec. 2 1939.

Immediate cause of death: Bronchopneumonia — DURATION: 2 days

Due to: General arteriosclerosis — Before Oct. 24 1939.

Due to: Primary cause: Cerebral hemorrhage. — Since 3/7/39.

Other conditions: Hemiplegia (Spastic) Lft.
(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other

Address: Catonsville, Md. Date signed 12/2/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11837

82a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Baltimore No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Xavier Schoenweitz

(a) Residence: No. Villa Maria Notch Cliff St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) March 30, 1860

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
79	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rochester
(State or country) N. Y.

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schmitt

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Sr. M. Peter Fourier
(Address) Notch Cliff, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Notch Cliff Date Dec. 23, 1939

19. UNDERTAKER Geo M. Frick & Son
(Address) 811 N. Wolfe St.

20. FILED 12/23/39, 19 W. M. Hammett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August, 1939, to December, 1939

I last saw her alive on Dec. 20, 1939; death is said to have occurred on the date stated above, at 8.34 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11838

CERTIFICATE OF DEATH

Reg. Diat. No. 40

1. PLACE OF DEATH:
County Baltimore
City or town Brackshaw
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Brackshaw Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Spanish American

3. (a) FULL NAME Edward Scott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary Scott
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1861

8. AGE:

Years	Months	Days	If less than one day
78	2	18	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden name unknown
15. Birthplace unknown

16. Informant Mary Scott
Address Brackshaw. Md

17. (Burial, cremation, or removal. Which?) Date thereof 12 28 39 (month) (day) (year)
Cemetery or crematory Asbury,
Location Loreley, Md.

18. Funeral director Howard K. McComas,
Address Abingdon, Md.

19. 12/27/39 (Date rec'd by registrar) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1939, at 330 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-26 1937 to 12-25 1939, and that I last saw him alive on 12-25 1939

Immediate cause of death	DURATION
Coronary Occlusion	3 days
Due to Myocarditis	Years
Due to Arterial sclerosis	Years
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Fred O Hodores M.D.
M. D. or other
Address Edgewood, Md Date signed 12-26-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

11839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore

City or town Ridgewood

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1223 Elm Ridge

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1223 Elm Ridge

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John D Seibel

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Kate R Seibel

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1863

8. AGE: Years 76 Months 9 Days 7 If less than one day hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Mechanist Retired

11. Industry or business In U S Govt

FATHER 12. Name John Seibel

13. Birthplace Germany

MOTHER 14. Maiden name Unknown

15. Birthplace Germany

16. Informant Kate R Seibel

Address 1223 Elm Ridge Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 13. 1939 (month) (day) (year)

Cemetery or crematory London Park

Location Baltimore Md

18. Funeral director William Cook

Address 1217 St Paul St

19. Dec 11 1939 (Date rec'd by registrar) Gerkieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1939, at 4:26 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1939, to Dec 11 1939, and that I last saw him alive on Dec 10 1939.

Immediate cause of death Acute Myocarditis

Due to Hypertension

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION 3 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter F Sowers M. D. or other

Address 4012 Edmondson Date signed 12/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 18 1939
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11840

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (75-6)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No 6401 Frederick Rd — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E Sheppard — U. S. Veteran, specify WAR ...

(a) Residence: No. 6401 Frederick Rd — Ward ...

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank E Sheppard

6. DATE OF BIRTH (month, day, and year): Mch 26 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John Lehr

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Susanna Snyder

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Melda L Sheppard 6401 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Holy Cross Cem — Date: 12/19, 1939

19. UNDERTAKER (Address): Geo A Furlong Catonsville Md

20. FILED 12/18, 1939 — H C Linden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to Dec 15, 1939

I last saw he alive on Dec 15, 1939; death is said to have occurred on the date stated above, at 2:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	
& Hypertension	Jan 1938
Cerebral Hemorrhage	Nov 1939

Other Contributory Causes of importence:

Terminal Pneumonia	Dec 31 1939

Name of operation: None — Date of:

What test confirmed diegnosis? Physical + Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

If more blanks are needed, address Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

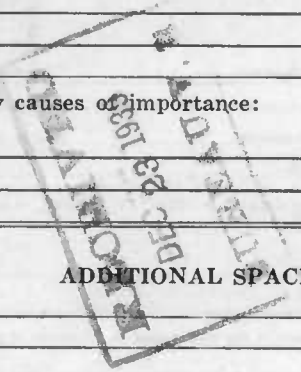
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11841

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1939 167

1. PLACE OF DEATH:

County: Baltimore

City or town: Morrleton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Monkton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Susan Elizabeth Shepperd

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

B (b) Name of husband or wife: James M. Shepperd

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Aug 20, 1872

8. AGE:

Years	Months	Days	If less than one day
67	3	18	hrs. min.

9. Birthplace: Black Horse, Harford Co., Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Chas. J. Henderson

13. Birthplace: Black Hare, Harford Co. Md.

MOTHER

14. Maiden name: Amelia V. Wheeler

15. Birthplace: Sunnybrook, Balto. Co. Md.

16. Informant: Mr. J. M. Shepperd

Address: Monkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 10 1939 (month) (day) (year)

Cemetery or crematory: Wesley Chapel

Location: Monkton, Maryland

18. Funeral director: London M. Brooks

Address: Sparks, Md.

19. Dec. 8, 1939 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 7 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DECEMBER 2 1939, to DECEMBER 2 1939, and that I last saw her alive on DECEMBER 2 1939.

	DURATION
Immediate cause of death: ACUTE CARDIAC DECOMPENSATION	1 DAY
Due to: ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	15 YEARS
Due to:	
Other conditions: CHOLELITHIASIS	10 YEARS

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George Schuchat, M.D. (M. D. or other)

Address: Cockeysville, Md. Date signed: 12/8/39

RECEIVED
JAN 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

11842

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 4 mon. 3 days

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Anne Arundel

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 196 Gloucester St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Carrie Sherwood.

3. (b) Social Security Number: None.

4. Sex: Fem.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: ?

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 2, 1857

8. AGE: Years 82 Months 6 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business: —

FATHER
12. Name: Philemon Hensley.
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Eliz Hambleton
15. Birthplace: Md.

16. Informant: Hosp. record.

Address

17. Buriel (Burial, cremation, or removal. Which?) Date thereof Dec 14, 1939 (month) (day) (year)

Cemetery or crematory: Louden Park

Location: Frederick ave

18. Funeral director: Wm Cook

Address: 1217 St. Paul St Balto.

19. 12/12/39 (Date rec'd by registrar) 19 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12 1939, at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 9 1939, to Dec. 12 1939, and that I last saw her alive on Dec. 12 1939.

Immediate cause of death	DURATION
Chronic myocarditis	Before 1939.
Due to Gen. arterio sclerosis	Before 1939.
Due to Fracture of right femur due to an accidental fall. C.W.G.R.	
Other conditions: Gr. of rt. femur	8/29/39.
Senile psychosis	1937.

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of Aug. 29, 1939.

Where did injury occur? Catonsville, (City or town) Baltimore, (County) Maryland. (State)

Injured at home, farm, industry, public place (where?) Spring Grove State Hospital.

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Robert E. Gardner M.D. M.D. or other

Address: Spring Grove State Hosp. Catonsville, Md. Date signed 12/12/39

RECEIVED
DEC 19 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(13)

11843

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto

City or town Liberty Parkway - Mornington

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Dundalk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Liberty Parkway & Mornington

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mora Lee Shiflett

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Wyatt Shiflett

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1896

8. AGE:

Years	Months	Days	If less than one day
43	5	21	hrs. min.

9. Birthplace Va (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Thomas Shiflett

13. Birthplace Va

MOTHER 14. Maiden name Catherine Shiflett

15. Birthplace Va

16. Informant Wyatt Shiflett

Address Dundalk Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Jan 2 1940 (month) (day) (year)

Cemetery or crematory Charlottesville Va

Location same

18. Funeral director John Ullrich

Address 2008 Orleans

19. 12/31 (Date rec'd by registrar) 19 39 Milton M Samuelson Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1939, at 10 05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1939 to Dec. 30 1939

and that I last saw her alive on Dec 29 1939

	DURATION
Immediate cause of death Cerebral Hemorrhage	5 days
Due to Hypertension C-V-K- Disease	
Due to	
Other conditions Bronchio-Pneumonia	7 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J M Davis M D

M. D. or other

Address Dundalk Md Date signed 12/30/39

RECEIVED
JAN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-5)

11844

CERTIFICATE OF DEATH

Reg. Diat. No. 36

1. PLACE OF DEATH:
County: Balto.
City or town: Carney
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Carney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Joppa & Old Harford Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth Shroyer

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Lewis W. Shroyer
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Dec 15th 1853

8. AGE: Years	Months	Days	If less than one day
86	0	8	____ hrs. ____ min.

9. Birthplace: Balto Co. Md.
(Town, county, and state)
10. Usual occupation: at Home
11. Industry or business
FATHER 12. Name: Lewis W. Schwartz
13. Birthplace: Germany
MOTHER 14. Maiden name: Margaret Derr
15. Birthplace: Germany
16. Informant: Mrs. John Stedtler
Address: Joppa & Old Harford Rd.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27 39 (month) (day) (year)
Cemetery or crematory: Hiss
Location: Balto. Co. Md.
19. Funeral director: F. Lassahn & Son
Address: 7701 Belair Rd.
19. Dec 26 1939 (Date rec'd by registrar) A. M. Bacon, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25 1939, at 12 05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14th 1939, to Dec 25th 1939, and that I last saw h[illegible] alive on Dec 15th 1939.

Immediate cause of death	DURATION
Carcinoma of Rectum	
& Large Intestines	
Due to	
Due to	
Other conditions: Senility	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel & Pl. Thos. Jenkins, M. D. or other
Address: Towson, Md. Date signed: 12/26/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (79)

11845

CERTIFICATE OF DEATH

Reg. Dist. No.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Baltimore
City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Owings Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) All His Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lewis Reuben Slade

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife none
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1866

8. AGE: Years 74 | Months 9 | Days 25 | If less than one day ... hrs. ... min.

9. Birthplace Baltimore County Md.
(Town, county, and state)

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER
12. Name David L. Slade
13. Birthplace Harford County

MOTHER
14. Maiden name Ada J. Parrish
15. Birthplace Dont Know.

16. Informant Lewis G. Coscia
Address 4303 Hayward. Balto

17. Burial Date thereof Dec. 18, 1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Druid Ridge Cem.
Location Reisterstown Road, Pikesville

18. Funeral director William Berryman & Sons.
Address Reisterstown, Md.

19. Dec. 16 1939
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1939, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1 1939, to 12-15 1939, and that I last saw h in alive on 12-15 1939.

Immediate cause of death	DURATION
Cardiac Embolism	5 min.
Due to Gangarene of L. leg.	3 da.
Due to arteriosclerosis	1 yr.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) None
Means of injury None Injured at work?

23. SIGNATURE D. D. Caples, M. D.
M. D. or other
Address Reisterstown Date signed 12-17-39

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120)

CERTIFICATE OF DEATH

11846

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Morston
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Morston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Bernard, Marion Amick

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, ~~married, widowed, or divorced~~
Male	Colored	

6 (b) Name of husband or wife —
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29 1934

8. AGE: Years 4 | Months 11 | Days 17 | If less than one day hrs. min.

9. Birthplace Cloverdale, Va.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Ellsworth Smith
13. Birthplace Hayfd. Balto Co Md

MOTHER
14. Maiden name Dora Thomas
15. Birthplace Parkton, Md

16. Informant Ellsworth Smith
Address Morston, Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec 17-39 (month) (day) (year)
Cemetery or crematory St. Lukes
Location Morston, Md

18. Funeral director P. Markham Lee
Address White Hall Md

19 Dec 17 39 Melvin Bowlus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1939, at 2 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ,
~~and that I last saw h~~ alive on 19

Immediate cause of death	DURATION
was Malnutrition	
and Entero-Colitis	
Due to Had Not been a Dr	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. T. Mapledoff P.M. Ex
M. D. or other
Address Westminster Md Date signed

RECEIVED
JAN 6 1940
BUREAU V. S.

11847

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 4 4

1 PLACE OF DEATH
County Baltimore (131)
Village or City Stemmers Run (No.) Joshers Road St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Louis Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (Write the word): widower

6 DATE OF BIRTH: June (Month) 6 (Day), 1860 (Year)

7 AGE: 79 yrs. 6 mos. ds. | If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry business, or establishment in which employed or (employer): (Retired)

9 BIRTHPLACE (State or country): Woodberry Md.

PARENTS
10 NAME OF FATHER: Moses Clifton Smith
11 BIRTHPLACE OF FATHER (State or country): Owens Mills Md.
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Smith
(Address) Stemmers Run

15 Filed 12-18-39 92 John G. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 18 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 1930 to Dec 18 1939.
that I last saw him alive on Dec 18, 1939.
and that death occured on the date stated above, at 1 1/2 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Disease
Chronic Interstitial Nephritis

(Duration) 10 yrs. mos. ds.

Contributory Secondary: Uraemia

(Duration) yrs. mos. 3 ds.

(Signed) M. a. Jacobs M D M. D.
Dec 18 1939 (Address) 1735 N. Bentalou St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Oaklawn — DATE OF BURIAL: Dec 21, 1939
20 UNDERTAKER: William Leask — ADDRESS: 1217 St Paul St

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

NB.—Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

RECEIVED DEC 22 1939

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107-01

11848

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH:

County Baltimore

City or town Overlea
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 714 Elmwood Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Overlea Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 714 Elmwood Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth M. Spahn

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Conrad G. Spahn

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 2nd, 1866

8. AGE: Years	Months	Days	If less than one day
73	4	17	____ hrs. ____ min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Mueller
13. Birthplace Germany

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mr. James Spahn

Address 1602 Homestead St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 22, 1939 (month) (day) (year)

Cemetery or crematory Holy Redeemer Cemetery

Location Belair Road, Balto., Md.

18. Funeral director F. Lassahn & Son

Address 7401 Belair Road

19. 12/20 1939 (Date rec'd by registrar) Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19th 1939, at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1938, to Dec 19 1939, and that I last saw her alive on Dec 19 1939.

Immediate cause of death Bronchopneumonia — DURATION 12/16/39

Heart Block — 10/38

Due to

Due to Cardiac Failure — 12/16/39

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? Baltimore (City or town) Co. (County) Md. (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? No

23. SIGNATURE W. E. Karfgin Karfgin M. D. or other

Address 4335 Harford Rd Date signed 12/19/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11849

(93-E)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44

Village or City Edgemere No. 3 Marine Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Stafford

(a) Residence: No. 3 Marine Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E

6. DATE OF BIRTH (month, day, and year) Oct 9 1860

7. AGE Years	Months	Days	If LESS than 1 dey, hrs. or min.
79	2	1	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Machinist

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Oliver Stafford

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or counlry) N. Y.

17. INFORMANT Mrs Mary E Stafford

(Address) 3 Marine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Dete Dec 13, 1939

19. UNDERTAKER William M. Mareck

(Address) 715 Light St

20. FILED Dec 11, 1939 Dawson L. Hazbr

Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, Thet I attended deceesed from Dec 7, 1939, to Dec 10, 1939

I last saw him alive on Dec 9, 1939; death is said to heve occurred on the dete stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:

	Date of onset
Bronchial Pneumonia	Two days
Myocardial degeneration	Two yrs
Slight Arterial hemorrhage	Feb 1939
Other ~~Contributing~~ Causes of importance: Arterio Sclerosis	Unknown

Neme of operetion ~ Date of ~

Whet test confirmed diagnosis? Physical Exam Was there en eutopsy? No

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

Accident, sulcide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ~

Nature of injury ~

24. Wes diseese or injury in eny wey releted to occupetion of deceesed? no

If so, specify

(Signed) Dawson L. Hazbr M. D.

(Address) Edgemere Post md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 23 1939 REGISTRAR

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(82-B)

11850

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto

City or town Rustertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 69 Main St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 27 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Rustertown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 69 Main St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm. Russell Thomas.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Fannie V. Thomas.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 13 1860

8. AGE: Years 79 | Months 7 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D. C. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER

12. Name: Gen. Geo. C. Thomas.

13. Birthplace: New Jersey

MOTHER

14. Maiden name: Fannie Gray

15. Birthplace: Virginia

16. Informant: Blanche H. Dixon

Address: Rustertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30 1939 (month) (day) (year)

Cemetery or crematory: Lutheran Cem.

Location: Rustertown Md

18. Funeral director: J. F. Eline & Sons

Address: Rustertown Md.

19. Dec. 28 1939 (Date rec'd by registrar) J. Frank Mitchell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15th 1939, to Dec 27th 1939, and that I last saw him alive on Dec 27th 1939.

Immediate cause of death: Cerebral Embolism, Q.S.R. — DURATION: 1 day

Due to: Infection of Thrust — 2 wks

Due to: Had both legs amputated first 3 yr — 2nd two yea

Other conditions: Pneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE J. Frank Mitchell M.D. M. D. or other

Address Rustertown Md. Date signed

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11851

93-e

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto.
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Margaret Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Margaret Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Theresa Thon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widowed.

B (b) Name of husband or wife Chas. Emil Thon
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9th 1851

8. AGE:

Years	Months	Days	If less than one day
88	2	2	hrs. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER 12. Name Zorn
13. Birthplace Germany
MOTHER 14. Maiden name Unknown
15. Birthplace Germany
16. Informant Emil Thon
Address Margaret Ave. Essex, Md.
17. Burial Date thereof 12-13-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Sacred Heart Cem.
Location O'Donnell Str Rd.
18. Funeral director John S. Connelly
Address Essex • Md.
19. 12-12- 1939 John S. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11th 1939, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1937, to Dec. 11 1939, and that I last saw her alive on Dec. 11 1939.

Immediate cause of death	DURATION
Chronic Myocarditis	2yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. F. White M. D. or other
Address 7610 Eastern Ave, Balto. Md. Date signed Dec. 11. 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-C

11852

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 39 days

Stay in this community (yrs., or mos., or days) 39 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 606 E. Baltimore St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Milton Tilden

3. (b) Social Security Number Unknown.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W.	Divorced

6 (b) Name of husband or wife —?

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 14, 1886.

8. AGE:

Years	Months	Days	If less than one day
53	7	1	____ hrs. ____ min.

9. Birthplace Connecticut (Town, county, and state)

10. Usual occupation Clerical

11. Industry or business Government.

FATHER 12. Name Carlos Tilden

13. Birthplace Conn.

MOTHER 14. Maiden name Emma Dolton

15. Birthplace Conn.

16. Informant Hosp. record

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/16/39 (month) (day) (year)

Cemetery or crematory

Location Rockville Conn.

18. Funeral director Harry H. Witzke.

Address 4101 Edmondson Ave

19. 12/16 1939 (Date rec'd by registrar) [signature] Registrar

Deputy Lord

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1939, at 5:01 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6 1939, to Dec. 15 1939, and that I last saw him alive on Dec. 15 1939.

Immediate cause of death Chronic myocarditis

Due to Gen. arteriosclerosis

Due to with hypertension

Other conditions Morphine addiction

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Before 1939 / Before 1939 / Since 1918.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D. M. D. or other

Address Spring Grove State Hosp. Catonsville, Md. Date signed 12/15/39

U. S. A
JAN 2 1940
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-01

11853

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:
County Baltimore
City or town Bradshaw (near)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Near Bradshaw Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Samuel Lovell

3. (b) Social Security Number

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ~~Unknown~~ Sept 24-1861

8. AGE: Years 78 Months -2 Days 10 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Ruben Lovell
13. Birthplace Maryland
MOTHER 14. Maiden name Laura Fell
15. Birthplace Maryland
16. Informant ~~May~~ Daisy Mayes
Address Overlea Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 6-1939 (month) (day) (year)
Cemetery or crematory Salem M. E. Cem.
Location Upper Falls Md.
18. Funeral director Clarence E. Arthur
Address Fork Md.
19. 12/6/39 (Date rec'd by registrar) 19 W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1939, at 8:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1939, to Dec 4 1939, and that I last saw him alive on Dec 1 1939.

Immediate cause of death Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles Roth M. D. or other
Address Edgewood Md Date signed Dec 4-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

CERTIFICATE OF DEATH

11854

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Pikesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1404 Reisterstown Rd.
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Balto.
City or town: Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1409 Rest Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Julia Tracy

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: —
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Oct 26 1859

8. AGE: Years	Months	Days	If less than one day
80	1	8	hrs. min.

9. Birthplace: Balto (Town, county, and state)
10. Usual occupation: None
11. Industry or business: —

FATHER
12. Name: Thos. Tracy
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Daule
15. Birthplace: Ireland

16. Informant: Mrs. Robt Corbett.
Address: 1404 Reist Rd, Pikesville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 6-39 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cemetery
Location: Baltimore County

18. Funeral director: Rita Wroderfield
Address: 914 Greenmount Ave

19. 12-4- 1939 (Date rec'd by registrar) D & G Weaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 4th 1939, at 2.30 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 7th 1937 to Dec 4 1939.
and that I last saw her alive on Dec 4, 1939

Immediate cause of death	Angina Pectoris	DURATION 3 hrs
Due to	coronary Sclerosis	1 yr.
Due to	Art. Sclerosis	3 yrs
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: James A. Miller M.D.
M. D. or other
Address: Pikesville, Md. Date signed 12/4/39

RECEIVED
JAN 4 1940
BUREAU V. S.

STATE OF MARYLAND.

~~BALTIMORE CITY~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH (172)

Registered No. 44 11855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Chesaco Park
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Chesaco Park - Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown Baby -

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: Full term | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-39 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location O'Donnell Hr Rd. Eff.

18 (a) Funeral director John G. Connelly
(b) Address Essex

19 (a) 12-10-39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Probably 12/9/39, 19..., at — M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

	Duration
Immediate cause of death	
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Homocide
(b) Date of occurrence 12-9-39 ?
(c) Where did injury occur? Balto. Co. - Essex (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public - Chesaco Park While at work? —
(Specify type of place)
(e) Means of injury Blunt Force

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 12-11-39

VS 6

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAN 8 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46 (A))

11856

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5 Old Frederick Rd (3 Melvin Ave) also called

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 17 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3 Melvin Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Frances Venable

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or wife~~: Howard Venable

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): June 24, 1868

8. AGE: Years 71 | Months 5 | Days 9 | If less than one day — hrs. — min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: —

FATHER

12. Name: John Price

13. Birthplace: Balto. Md.

MOTHER

14. Maiden name: Lucy Jenkins

15. Birthplace: Balto Md.

16. Informant: Howard Venable

Address: 3 Melvin Av

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-6-39 (month) (day) (year)

Cemetery or crematory: Laurel

Location: Baltimore Md

18. Funeral director: Mrs Frances A. Hensley

Address: 578 St. Biddle St

19. 12/5 1939 (Date rec'd by registrar) H. C. Andrews Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 3 1939, at 11.50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1939 to Dec. 3 1939 and that I last saw her alive on Dec. 2 1939.

Immediate cause of death	DURATION
Carcinoma - gastric	1 yr ?
Acanthosis nigricans	6 mo.
Due to Acute myocarditis	2 days
Due to Chr. cardiorenal disease	10 yr

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: —

Of operations: —

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work?

23. SIGNATURE: Leo Schlenger M.D. M. D. or other

Address: 3034 E. Balto St Date signed 12/4/39

LEO. SCHLENGER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11857

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 5 yrs. 4 mo. 20 da.
Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Balto
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3607 Grantley St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George P. Vogel { George P. Vogel
3. (b) Social Security Number: none.

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Katherine J. Sunsch
6(c) If alive, give age: 64 years
7. Birth date of deceased (mo., day, yr.): December 12, 1873
8. AGE: Years 66 Months 0 Days 20 If less than one day ___ hrs. ___ min.
9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual occupation: Book Keeper
11. Industry or business
FATHER
12. Name: Philip R. Vogel
13. Birthplace: Germany
MOTHER
14. Maiden name: Margaret Mueller
15. Birthplace: Germany
16. Informant: Mrs Katherine S. Vogel (wife) Record Spring Grove State Hosp
Address: 3609 Grantley St., Balt.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-1-40 (month) (day) (year)
Cemetery or crematory: Loudon Park Cem.
Location: 3801 Frederick Ave. City
18. Funeral director: F. B. Ulippert & Son
Address: 1300 Eutaw Place
19. 1/2 (Date rec'd by registrar) 1940 [signature] Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28 1939, at 7-10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.
Immediate cause of death: Coronary thrombosis
Due to: Cardio vascular disease
Due to:
Other conditions: sudden death
Inquiry
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. S. McKieffer Deputy Medical Examiner
M. D. or other
Address: 1010 Leeds av. Date signed: Dec. 28 39 Balto

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

11858

Reg. Dist. No. 32

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Baltimore

City or town Chattalanee
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Chattalanee Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Wall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Daniel Wall

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 15, 1851

8. AGE: Years	Months	Days	If less than one day
88	9	20	hrs. min.

9. Birthplace Carroll County, Md.
(Town, county, and state)

10. Usual occupation Housemaid

11. Industry or business

FATHER 12. Name John W. Davis

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Jennie Brown

MOTHER 15. Birthplace Maryland

16. Informant Mrs. Alice Smith

Address Chattalanee

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 6, 1939 (month) (day) (year)

Cemetery or crematory Pleasant Hill Cem.

Location Pleasant Hill

18. Funeral director Mrs. Samuel Hemsley

Address 578 W. Biddle St.

19. 12-5- 1939 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1939, at 1 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from several years 19 to Dec. 4 1939, and that I last saw her alive on Dec. 1st 1939

Immediate cause of death	DURATION
Arterio Sclerosis	?
Due to	
Due to	
Other conditions	
Senility (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Nichols M. D.
M. D. or other

Address Pocomoke Md Date signed 12-5-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131a)

11859

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Balto
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 129 Winters Lane
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): all of his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 129 Winters Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Elijah Washington (WARSHAM)
3. (b) Social Security Number:

4. Sex: M
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Sarah Washington
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: about Months: 74 yrs Days: If less than one day ____ hrs. ____ min.
9. Birthplace: Virginia Danville (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business
FATHER
12. Name: Richard Washington
13. Birthplace: Danville Va
MOTHER
14. Maiden name: dont know
15. Birthplace: Danville Va
16. Informant: James Domley
Address: 129 Winters ave Catonsville
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 4th 1940 (month) (day) (year)
Cemetery or crematory: Western Star
Location: Catonsville Md
18. Funeral director: Mrs Katie R. Williams
Address: 322 N Schroeder St
19. 1/2 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 28 1939, at 5P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Coronary thrombosis
Due to: Cardio vascular
Due to: renal disease
Other conditions: sudden death - inquiry
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Geo M. Kieffer Deputy Med Exam Balto
Address: 1010 Leeds ave Date signed: Dec 28 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

11860

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: Baltimore

County

City or town — EUDOWOOD SANATORIUM.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Towson, Md

Stay in hospital or inst. (yrs., or mos., or days) 4 Mo. 3 Days

Stay in this community (yrs., or mos., or days) Born

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Overlea. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 105 W. Elm Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Esther Louise Watts

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife E. Vernon Watts

6(c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) February 6. 1906

8. AGE:

Years	Months	Days	If less than one day
33	10	6	____ hrs. ____ min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER

12. Name John H. Krogger

13. Birthplace Maryland

MOTHER

14. Maiden name Anna Kunnmelbein

15. Birthplace Germany

16. Informant Hospital Records,

Address Eudowood Sanatorium, Towson, Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 14th 1939 (month) (day) (year)

Cemetery or crematory St. Pauls

Location Violetville

18. Funeral director F. Lansdale & Son

Address 7401 Belair Rd

19. 12/13 1939 G. M. Bacon

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1939 at 12:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 9 1939 to December 12 1939

and that I last saw her alive on December 12 1939

Immediate cause of death — Pulmonary Tuberculosis. — DURATION: May 1933

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. A. Bridges M. D. or other

Address Towson, Maryland. Date signed

RECEIVED
DEC 20 1939
BUREAU F. E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11861

(93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Fowblesburg (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 70 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Fowblesburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Odd. Hamber Road.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Newton Simpson Watts

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elva C. Watts

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Dec. 12th. 1867

8. AGE: Years: 72 Months: Days: 12 If less than one day: hrs. min.

9. Birthplace: Fowblesburg, Baltimore Co. Maryland.
(Town, county, and state)

10. Usual occupation: Business Man.

11. Industry or business: Fertilizer

FATHER
12. Name: Thomas Watts
13. Birthplace: Fowblesburg, Md.

MOTHER
14. Maiden name: Rosean Gill
15. Birthplace: Fowblesburg, Md.

16. Informant: Thomas Watts

Address: Upperco, Md. Balto. Co.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 27, 1939 (month) (day) (year)

Cemetery or crematory: Cemetery, Pleasant Grove.

Location: Pleasant Grove, Dover Road.

18. Funeral director: W.M. Berryman & Sons

Address: Reisterstown, Maryland.

19. Dec. 26 1939 (Date rec'd by registrar) L. [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 1939, at 9 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 22 1939, to Dec. 24 1939, and that I last saw him alive on Dec. 24 1939.

Immediate cause of death: Coronary Occlusion — DURATION: 48 hrs.

Due to: Secondary anemia — 45 mos.

Due to: Chronic myocarditis — ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. F. Ermshar, M.D. M. D. or other

Address: Reisterstown, Md. Date signed: 12/26/39

RECEIVED
JAN 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11862

82-a

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 43

Village or City Raspeburg — No. Farmview Ave. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 69 yrs. mos. ds. — How long in U.S. if of foraign birth? 69 yrs. mos. ds.

2. FULL NAME Annie Lucy Weith — If U. S. Veteran, specify WAR

(a) Residence: No. Farmview Ave. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Michael Weith

6. DATE OF BIRTH (month, day, and year): Jan. 4, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	8	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife (retired)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date daceasad last worked at this occupation (month and year): Nov. 11, 1939

11. Total tima (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Julius Babikow

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Annie (Unknown)

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Michael Weith

(Address): Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Schwartz — Date: Dec 15th, 1939

19. UNDERTAKER: F. Lansdale & Son

(Address): 7401 Belair Rd

20. FILED 12/14, 1939 — Mrs. S. A. Fentz, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 12, (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1939, to December 12, 1939

I last saw her alive on Dec. 12, 1939; death is said to hava occurred on tha data stated above, at 10:20 Pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	15 hrs.
Other Contributory Causes of importance:	
Arterio sclerosis	Many yrs.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? — Date of Injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signad) A. L. Wilkinson, M. D.

(Address) 5713 Bel Air Rd.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

11863

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 26 days

Stay in this community (yrs., or mos., or days): 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: University Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 108 Monroe Avenue,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Frederick Owen White

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Elizabeth Gantt

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): August 16, 1887

8. AGE:

Years	Months	Days	If less than one day
52	5	2	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Yard master for railroad

11. Industry or business: Baltimore & Ohio Railroad

FATHER
12. Name: Samuel Owen White
13. Birthplace: Maryland

MOTHER
14. Maiden name: Juliette Marie Dantolet
15. Birthplace: France?

16. Informant: Hospital records given by wife

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof December 21, 1939 (month) (day) (year)

Cemetery or crematory: National Capital Memorial Park

Location: Laurel, Maryland.

18. Funeral director: Harry A. Slye

Address: 1009-H-Street, N. W., Wash, D.C.

19. 12/19 (Date rec'd by registrar) 1939 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18, 1939, at 3:33 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22, 1939, to December 18, 1939, and that I last saw him alive on December 18, 1939.

Immediate cause of death	DURATION
Chronic Myocarditis	before 1939
Due to Chronic Aortitis	before 1939
Due to Meningo-vascular syphilis	before 1939
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: As given above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: Catonsville Md Date signed 12/18/39

RECEIVED
DEC 22 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(48)

11864

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Baltimore
City or town Boring - (Rural near)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Boring. Rural near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sallie E Wilhelm

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced widow
6 (b) Name of husband or ~~wife~~ George W Wilhelm
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 1 - 1872
8. AGE: Years 67 Months 7 Days 22 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business own home.
FATHER 12. Name unknown
13. Birthplace "
MOTHER 14. Maiden name Hannah Pitts
15. Birthplace Maryland
1B. Informant Mrs George Balte
Address Reisterstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26/39 (month) (day) (year)
Cemetery or crematory Baptist cemetery
Location Hereford. Balto co. Md
1B. Funeral director Edw C Tipton
Address Hampstead Md
19. Dec. 24 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23/39, at 7:10 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/1/38, to 12/23/39, and that I last saw her alive on 12/22/39 19
Immediate cause of death Carcinoma of uterus
Due to
Due to
Other conditions cachexia
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy

DURATION
18 mos

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; —
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE James G. Saffell M. D. or other
Address Reisterstown, Md Date signed 12/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

11865

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 35

Village or City Parkton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie E. Winemiller If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Winemiller

6. DATE OF BIRTH (month, day, and year) Jan 31 1863

7. AGE Years 76 Months 10 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME James Trout

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Maria Arms

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) James Trout Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place West Liberty Date Dec 26, 1939

19. UNDERTAKER (Address) W. Harvey Webb Fairmount Pa

20. FILED Dec 23, 1939 Charles L. Sutton Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 30 1939 to Dec 23, 1939

I last saw her alive on Dec 22nd, 1939; death is said to have occurred on the date stated above, at 12 30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other Contributory Causes of importance:

Aortic Stenosis with broken Compensation

Name of operation Date of

What test confirmed diagnosis? Urinary Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Evans M. Free M.D.

(Address) Stewartstown Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T) (I) (M)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN